DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENES

1	- STATE REGISTRAR			ICATE OF DEATH	REG. NO.	
	ECEASED NAME PE OR PRINT)	FIRST PLACES A. I	MILLER Ada	mS	September 18	1985 8:30 M
3. S	EX	RACE	5. DATE O			UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE	WHITE	JUNE	6, 1912	73 YRS.	ONTHS DAYS HOURS MIN.
7o I	BIRTHPLACE (STATE OR F COUNTRY) MARYLAND	OREIGN 76. CITIZEN OF	WHAT COUNTRY? 8  MARRIE  WIDOWS		BALTIMORE CITY OR COUNTY	OF DEATH MD.
10	ivre dy 600		HOSPITAL, NURSING HOME ( CHACILITY, DIVE STREET ADDRESS)  ON MEMORIA	DROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKER	12b. KIND OF BUSINESS OR INDUSTRY
		136 COUNTY  HARFORD	130. CITY OR TOWN HAVRE de GRACE	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 100 REVOLUTION STREE	ET 21078
14. F	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE	LAST
	LEWIS	GOLDSMITH	MILLER	LIZZIE	WILLIS	WALKER
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 217 36 3575	17 INFORMANT	ADDRESS  JGH 918 CHESAPEAKE DR.	HAVRE de CRACE MO
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only one couse pe AS CAUSED BY: IMMEDIATE CAUSE (a)	r Me for (o), (b), and	culatory	GILAPSU	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which (b)	OR AS CONSEQUENCE OF OR AS A CONSEQUENCE OF CONSEQUENCE OF	0.5	TRACT	
CATION	PART 2 OTHER SIGN			NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	WERE FINDINGS USED
2					IN CERTIFY	ING CAUSES OF DEATH?

			YES NOX	YES NO	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	The second second			
21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR FOWN	COUNTY S1AT	7.5
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FARM ETC.)	STREET	- 0/10	CO.	
22a. I certify that (1) (this haspital) sow the deceased alive on above (1) (we) (did) (did not) vi	9/18 19 0700	d that in (my) (our) opinion de	eoth accurred on the date	, 19 , that (I) (we and how and from the causes state	

ANGEL HILL CEMETERY

DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN

23b. DATE

20SEPTEMBER85

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

236 LOCATION

HAVRE de GRACE, HARFORD CO.,

BP.

TO FUNERAL DIRECTOR.

24 FUNERAL DIRECTOR MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 (VRA 15, 4)

BURIAL

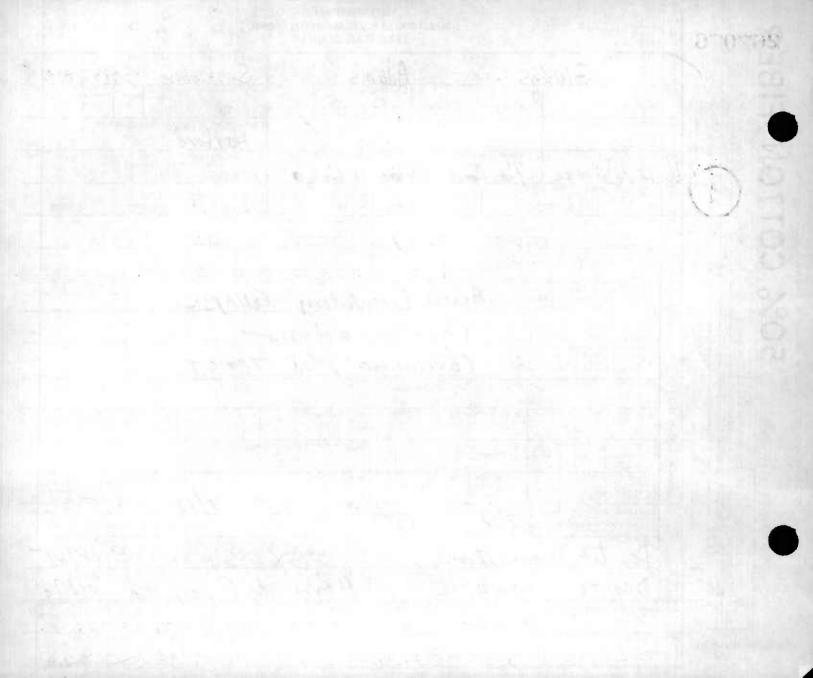
(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

MEDICAL

COUNTY

DHMH - 16 60M 7/84



STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

YEAR

INDUSTRY

21043

COUNTY

22c. DATE SIGNED

9-23-85

126 KIND OF BUSINESS OR

YRS

STATE

Pa.

2h HOUR

B:07 A

269090

- STATE

REGISTRAR

DRIANT ath the BP.

CERTIFICATION

MEDICAL

Cremation 24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

LAST 20 DATE OF DEATH MONTH DECEASED NAME FIRST TYPE OF PRINTS MAZO GEARLEE **ADAMS** September 23, 1985 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX NOV. 24, 1921 White Female 63 TO BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Missouri USA Harford County WIDOWED DIVORCED [ CITY OR TOWN OF DEATH Churchville 4213 Whitefield Road Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Churchville 4213 Whitefield Road 21028 Maryland Harford LEATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Erda Pearl Mae Pitman Tee Roberts 17 INFORMANT 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO HEYES GIVE WAR OR DATEST 492-16-8325 Susan A. Lutz, Columbia, Md. no 18 CAUSE OF DEATH (Enter only one couse per line for tal, (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 98 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INTURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE T 220.1 certify that (1) (this hespital) attended the deceased from . ond that in (my) (our) opinian death accurred on the date and hour and fram the couses stated saw the deceased alive an\_ abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22e ADDRESS 22d. PHYSICIAN'S NAME TYPE OR PRINT SALTO MD. COUEN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE R.A. Ferris Crematory W.Chester Chester

STATE OF MARYLAND

254084 some of these titles a descriptions are a court to and the state of t 

executed within 24 hours

275060

	STATE OF MARYLAND
FOR STATE	DEPARTMENT OF HEALTH AND MEN
- SIAIL	CENTIFICATE OF DEA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	Com	3	8	-3	an

ı		REGISTRAR		CERTIFICATE OF DEAT	REG. N	١٥.	
ı		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
1	TITLE	HELEN	Edna	BOHN		9 26 85	42 M
1	3. SEX		4 RACE .	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B		IF UNDER 24 HRS
ł		TEMALE	WHITE	a 23 V	76	YRS.	HOURS MIN.
1	7a BIF	THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	9 BALTIMORE CITY	OR COUNTY OF DEATH	
ı	and	caster, Pa.	USA	MARRIED NEVER MARRI		ORIS	MD.
1	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTE	120 USUAL OCCUPAT		F BUSINESS OR
1	E	BELHIR	FALLSTON	GENERAL	Housewife		_
1	USUA 13a S	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BE				
ı			ford Bel A		2226 173	rds Lane 2	21014
1	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIL	DEN NAME MIDDLE	145	1
1		Leander 1	R. Stetler	Eliza	beth C.	Gerha	
1		AS DECEASED EVER IN U.S. AF	VE WAR OR DATEST		Wolfrom ADDE		014
Į		no	202-16-	8058 William W	olferd, 2326 E	dwards Lane,	elair, Mo.
I		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per fine for (o), (b),	ghalicy 1	. 4-	BETWEEN	MATE INTERVAL ONSET AND DEATH
1			TE CAUSE (a)	cond on	es	E-0-1	
1			DUE TO, OR AS A CONSE	QUENCE OF	1 1 ( 12)		
1	-	Conditions, if ony, which gove rise to immediate	( ib)	10.0	crecio)		
ı		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	QUENCE OF			
١			(c)				
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR COM	NDITION GIVEN IN PART 10	
4	T O	190. DATE OF OPERATION	TIPE CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20g AUTOPSY?	20b IF YES, WERE FINDIN	ICS LISED
ı	FIC	THE DATE OF OPERATION	178. CONDITION FOR WIT	ICH OF ERATION WAS FERI ORMED		IN CERTIFYING CAUSES	OF DEATH?
1	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c. HOW INJURY	YES NO	VES URY IN ITEM 18 PART 1 OR PART 2)	NO [
ı		OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
Ì	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION			
	ME	WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTORY, OFFE	CE, FARM ETC ) STREET	CITY OR T	OMN CONNIA	STATE
١		22a I certify that (1) (this hosp	into) file de de desed fro	m - 5/14 10	87 10 8/	29 10 M	that (I) (we) last
ı		sow the deceased alive or	10/201	()	opinion death occurred on the c		
I		obove, (I) (we) (did) (did w 22b. SIGNATURE	weighte body after death	DEGREE	/	22c. DATE	SIGNED
			11 ch	ATTENI PHYSIC		AFF ICIAN []	
1		174 PHYSICIAN'S NAME THE	CA PRINTI	276 ADDRESS	1200	0 190	1
		V	Non A	1) 2/12	Bel an &	ord-tall	2h. 122/04
1		URIAL, CREMATION, REMOVAL	L 236 DATE 2	31. NAME OF CEMETERY OR CREMA			
	1:	Burial	Sept.30,1985	Greenwood Cemeter	y Lancaster	Lancaster	Pa.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

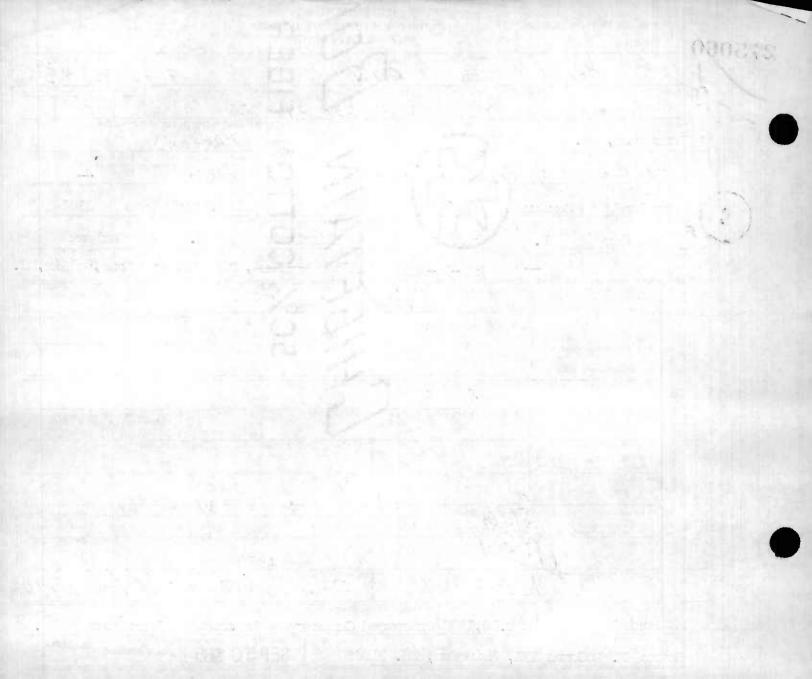
Minime some 1 is marked or Item 18 shows any injury, ar other troumatic

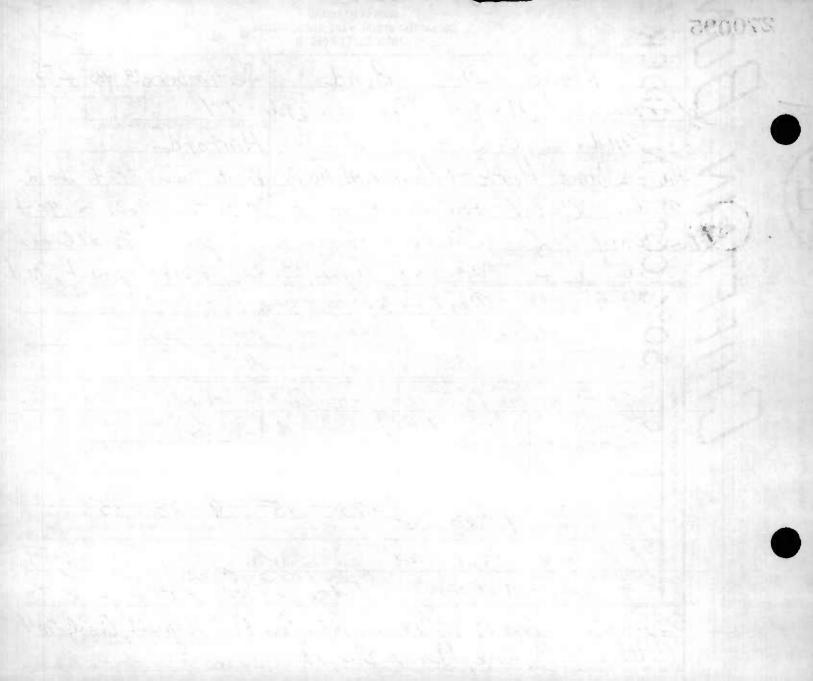
TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove cork with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

ATTENDING PHYSICIAN: The law

14. FUNERAL DIRECTOR
Howard K. McComas III, Abingdon, Md. 21009

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE LAW CON-Mandage.





DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR [TYPE OR PRINT] elma IF UNDER I YEAR J. SEX 4 RACE 5. DATE OF BIRTH MONTH 1903 MAY FEMALE WHITE 7, 82 To. BIRTHPLACE (STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY PA. USA WIDOWED DIVORCED HARFORD COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HAVRE de GRACE HARFORD MEMORIAL HOSPITAL HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2320 CASTLETON ROAD 21034 HARFORD DARL INGTON NO X MD YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE LAST GRACE MILLER HARVEY BARNOOLLAR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) JACK L. BONHAM SAME AS #13e 194 22 0109 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line to) (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (o), stating the DUE TO, OR underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY THE HOW INJURY OCCURRED. LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M MEDIC 21d INJURY OCCURRED TH LOCATION 21e PLACE OF INJURY CITY OR TOY COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 0.798113 NOT WHILE AT WORK 22a. | certify that (1) (this haspital) attended and that in (my) (our) opinion death occurred an the date and hour and from the causes stated say the deceased alive an. obove, (1) (we) (did) (did not) view the SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME LTYPE OR PRINTS 22 ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN STATE BURIAL 14SEPTEMBER85 BEALLSVILLE CEMETERY BEALSVILLE, WASHINGTON CO., PA. 24 FUNERAL DIRECTOR BURKUS FUNERAL HOME MILLSBORO, PA. MITCHELL FUNERAL HOME, PA. HAVRE de GRACE, MD. 21078

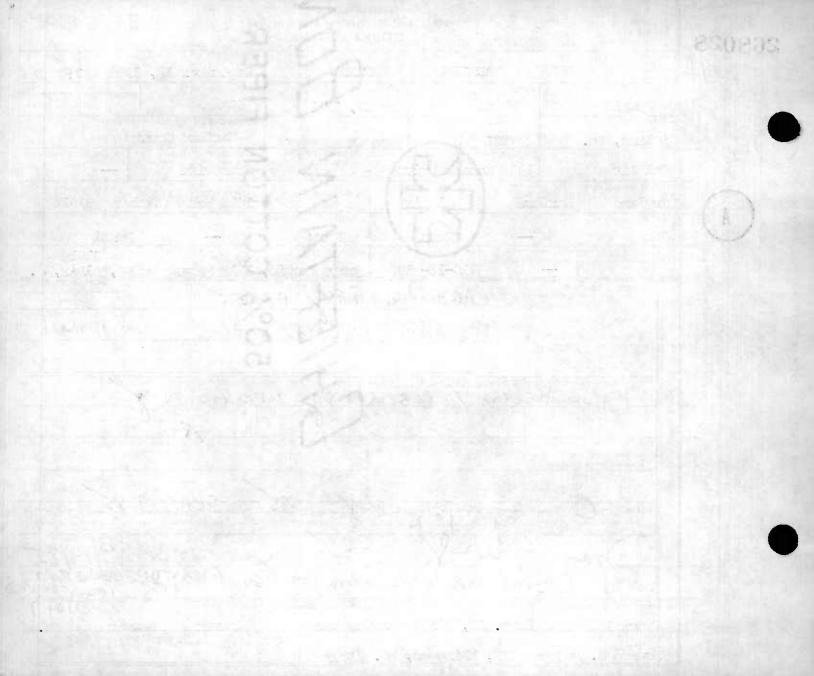


280147 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR I. DECEASED NAME FIRST 2n DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Kascoe 10:10 AN OWN 3 SEX 4 RACE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR TH CITIZEN OF WHAT BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH WIDOWED 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES A 2100 NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME BABOR 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE Conditions, if onv. which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN A REPAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN A REPAY OF THE PROPERTY OF THE CERTIFICATION 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED CONDITION FOR WHI CHEPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOX YES NO [ 21a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 1 PLACE OF INJURY CITY OR TOWN COUNTY STATE HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased from. \_, that (I) (we) lost sow the deceased alive an obove, (1) (New the body after death , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRING JJ#. ADDRESS should b 231 NAME OF CEMETERY OR CREMATORY CREMATION, REMOVAL 238 DATE BP.

STATE OF MARYLAND

a. e. e. 736K 736K 736K 736K 736K 736K Bring the beautiful and the second of the se Malyndam Spread .

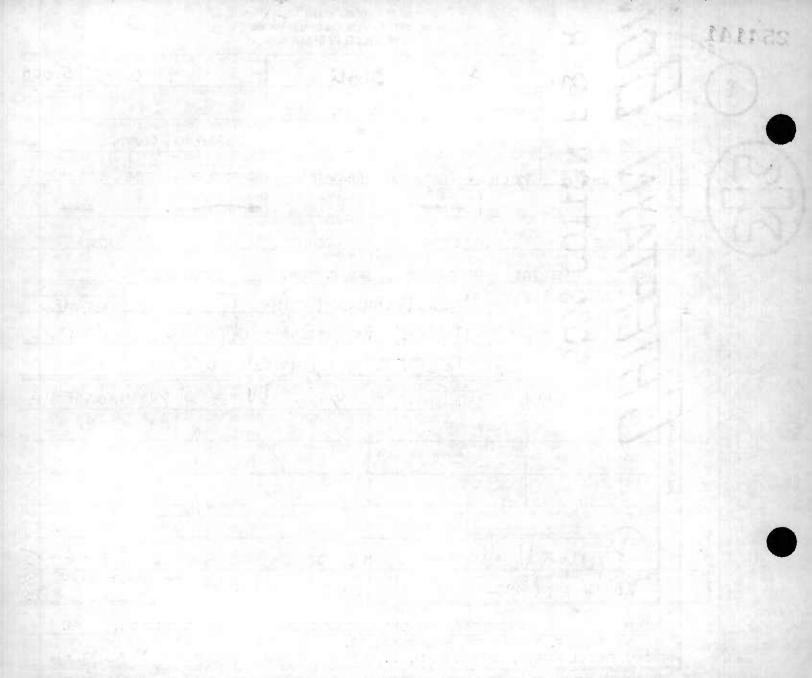
68028	1	STATE HEGISTRAR			DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MEN FICATE OF DEA	TAL HYGIE	NB 5	2	5 9	5	6
n= 1		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH		DAY YEA	2b HO	UR
1 45	-		LAURA		DELINE		OZIC		September				D P M
	1. SE		1	4 RACE		MONT	OF BIRTH H DAY	YEAR	AGE (IN YEARS LAST B	RTHDAY}	MONTHS D	EAR IF UNDE	ER 24 HRS
N		Female		White			27, 1917		68	YRS			
TE 10	Mid	RTHPLACE (STATE (STATE)		USA	WHAT COUNTRY	MARRIE WIDOW	D NEVER MARI	RIED -	Harford				WE
by the following	Be	ty or town of c	1.0	1418 W	abash Dr.	ive	OR OTHER INSTITUT	NOIT	USUAL OCCUPATION OF WORK FOR MOST HOUSEWIFE	OF WORKING		ID OF BUSIN	VESS OR
0	Mai	AL RESIDENCE (#N TATE Tyland	136 COUN Harf	1TY	130 CITY OR TO Bel A	WN			3e STREET ADDRESS 1418 Waba	/ ZIP CO	DĘ rive	21014	1
100		ohn		MIDDLE	Ross		15. MOTHER'S MA	AIDEN NAMI	WIDDLE		Nuzz	LAST	
Pop X		VAS DECEASED EV (ES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	210-16-		Peter Br	ozic,	1418 Waba			21014 elAir,	Md.
physics n-popert movol		18 CAUSE OF DE PART I. DE ATH	ATH (Enter on	lly one couse per D BY: TE CAUSE (a)	ARDIO	Phen	MARRY	AK	REST		BETW	PROXIMATE INT	ERVAL ID DEATH
death ce athending fove carbo ntight or in		Conditions, if o	ny, which		RAS A CONSEO SQUAM	UENCE OF	cen c	AL	NNG		11	1 men	N
d by the ease rem of, crems		gove rise to cause (a), sto underlying coi	oting the	DUE TO, O	r as a conseq	UENCE OF		e u					
Then p	NOIL	HMA	ERCA	-cernha	10	ESPW	CATTORY	. IN	SULA CIL	ENC	y		
The fact by the fa	CERTIFICATION	190 DATE OF OPE	RATION	196. COND	ITION FOR WHIC	H OPERATIO	ON WAS PERFORME		YES NO	IN CER	FS, WERE FIR DIFYING CAU YES	ISES OF DEA	ATH?
CLAN o physic or physical control thys	550	2 a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY M	CAUSE OF DEA	NI P		DAY YEAR	21c. HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 1	B PART I OR PART	2)	
attend of the standard of the	MEDICAL	21d INJURY OCC		21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	ZH EOCATION	ou/	CITY OR TO	OWN	COUNTY	/	STATE
TOP A COLUMN COL		22a.1 certify that sow the dece obove. (1) (we	osed onve on	tol) offended th	9.4	3 V	nd that in I my) (our	) opinion de	oth occurred on the	date and h	1985 our and from		(we) lost stoted
At OR At OR At DIRECTOR DESCRIPTION OF DESCRIPTION		SK SKS WITURE	af	Edi	ny		DEGREE ATTER	NDING SICIAN	MEDICAL STA	AFF CIAN [	2200	ATE SIGNED	85
Sumed by D FUNE Build her Mit the Sign		200 A)S	NAME TYPE C	EDWA	2098 N	W.	RM 40	9 6	SH FAN	5505	N GE	JE R	AL
5 6 5 5 3 3		BURIAL, CREMATIO	N, REMOVAL	23b. DATE	230	NAME OF	CEMETERY OR CREA	MATORY	23d. LOCATION		COUNTY	210	17
BP		Burial		Sept. 2	23,1985B	eaver	Cemetery		Beaver		eaver		Pa.
OHMH - 16 60M 7/B4 (VRA 15, 4)		JNERAL DIRECTOR		as III,	Abingdo	n, Md.	21009	25a. DATE	REC'D, BY REGISTRAL	R 251 REG	STRARES SIG		100



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1		Film g607 FOR 9/	item 23/85			MENT OF H		MENTAL HYG	IENES	5	2	5	9	5 1
4		REGISTRAR			460		ICATE OF	DEATH		REG. N				
		OR PRINT)	San		DOLE	E	ruski		2a. DATE O	FDEATH	MONTH 9	6	YEAR 85	26 HOUR 5:00
	3. SEX	X	0	4 RACE		5. DATE C		YEAR	6. AGE (IN	YEARS LAST BIR	RTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS
	2	MALE	1	WHITE		APRIL		1945		40	YRS			, min
5		RTHPLACE (STATE OF COUNTRY) PA	OR FOREIGN	76. CITIZEN OF W		MARRIE WIDOWE		MARRIED	9 BALTIMO	ANTON	_	ONNT		٨
6	111	TY OR TOWN OF DI			PACILITY, GIVE STREET	ADDRESS)	HUS M	TITUTION Hal	(TYPE OF WO	OCCUPAT RK FOR MOST O	OF WORKING	LIFE) IN	DUSTRY	FBUSINESS O
2	13a S	AL RESIDENCE (IF NU STATE	134 COUR	other institution G NTY 1 rford	IVE RESIDENCE BEFORE 36. CITY OR TOW HOLLAND	N	13d. INSIDE (	NO [	13e.STREET				idali	3966 22
1	14 FA	STHER'S NAME FIRST EUGENE		WIDDIE	BRUSKI			'S MAIDEN NA/ FIRST EAN	ME	MIDDLE		e s	LICTIC	
di		VAS DECEASED EVE			6b SOCIAL SECU	RITY NO.	17 INFORMA			ADDRI	ESS		USZKC	,
5	(4	YES, NO OR UNKNOWN)	VEIT	NAM	175 36 939	7	GAIL C.	BRUSKI		SAME	AS #1	3e		
		Conditions, if on gave rise to in cause (a), star underlying cou	ny, which mmediate ting the se last	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE  NTRIBUTING TO E	NCE OF	MYCC	M ART		DISE	W SADE	IVEN IN	da y6	ip.
7	FICATION	19a. DATE OF OPER	CHRO	VIC OB	STW CTU ION FOR WHICH	E PI	14116.V	AM.	DISENT 200 AUT	EW	20b. IF Y	YTH ES, WER	E FINDIN	TENTIA OF DEATH?
1	MEDICAL CERTIF	21a. ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER NOTIFY ME 21d INJURY OCCU  WHILE AT WORK AT WAL	CAUSE OF DEA	P.M 21e. PLACE O	MONTH DA	19	21c. HOW IN		YES TERM	ATURE OF INJU	RY IN ITEM 18	YES D		NO STATE
,		22a I certify that (	sed alive on	6	19		DEGREE	, 19	MEDICAL	STA	FF		from the c	
1		BARRY	1 4	WOAL			131 S	: UNION			HAVRI	E DI	E GV	LACE, M 2167
		BURIAL, CREMATION SPECIFY) BURIAL		9SEPTEME	BER85 OUR	LADY (		CEMETERY	LANG	HORNE,				PA. STATE
	24 FU	INERAL DIRECTOR	OHN F.	FLUEHR & SO	ON, PHILAD	ELPHIA	, PA.	25a. DAT	E REC'D_BY	REGISTRAR	25b. REGI	STRAR'S	SIGNATI	URE

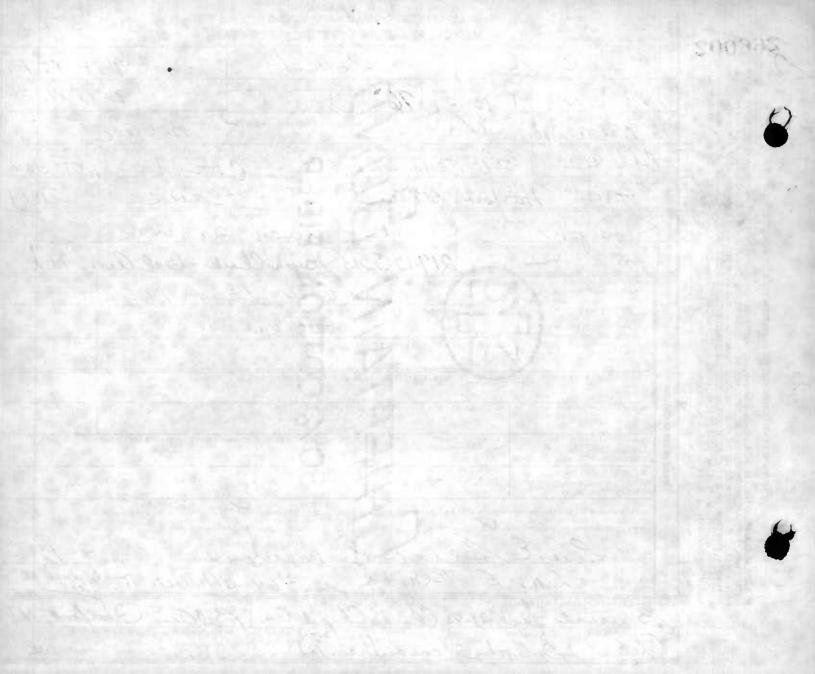
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078



(VRA 15, 4)

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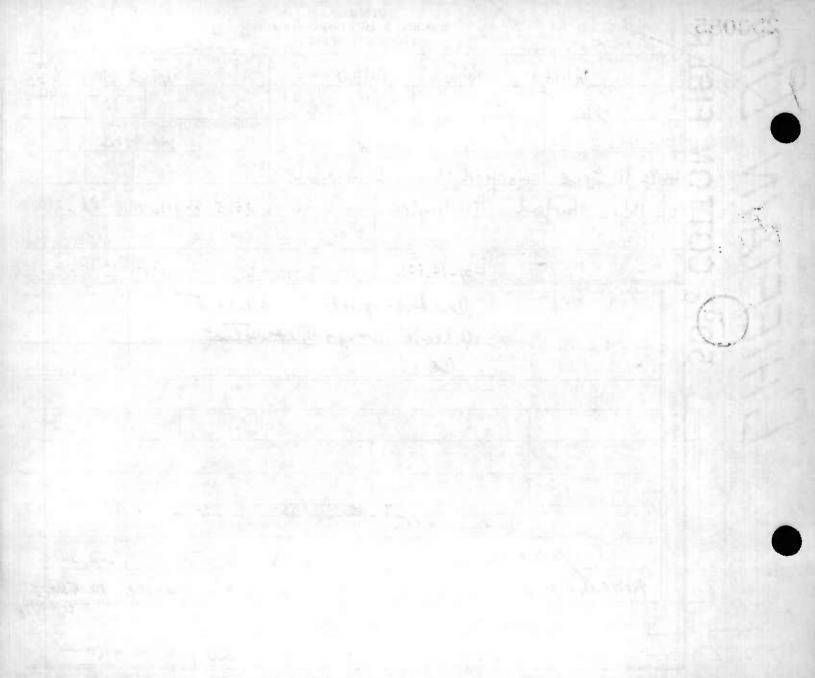
		1	STATE OF MARYLAND	
			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR	1 5 7
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. 21201	S S S S S S S S S S S S S S S S S S S	13a. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)  ITATE  136. COUNTY  137. CAY OR CWN  YES IN NO   138. STREET ADDRESS  YES IN NO   139. STREET ADDRESS	21014
RE, MD		V	ATHERS NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE TOWN	LAST
ALTIMO	AFER PACES IN FORM	160. V	NASSECEASED EVER IN U.S. ARMED FORCES? 165 AO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  217-12-5313  Suph Clark - Bel au	i, ml.
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3	PENCIL IN SAMINES AL TRANSIT AMONTAL HYCOLOGIC IN SENDER AL TRANSIT AMONTAL HYCOLOGIC IS OR REMO		Conditions, if any, which gove rise to immediate cause (a) storting the <u>under</u> -lying cause lost.  (b) DUE TO, OR AS A CONSEQUENCE OF	
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*	ECERTIFE BULD BI		ACTUAL P E P TITLE (SPECIFY)	9-1V-K
	MEDICAL CUTETHE SE 4 SHOU FUNERAL ER DEATH,	-	EXAMINER'S NAME LUIS E Renjee ADDRESS 464 a// Churest.	11
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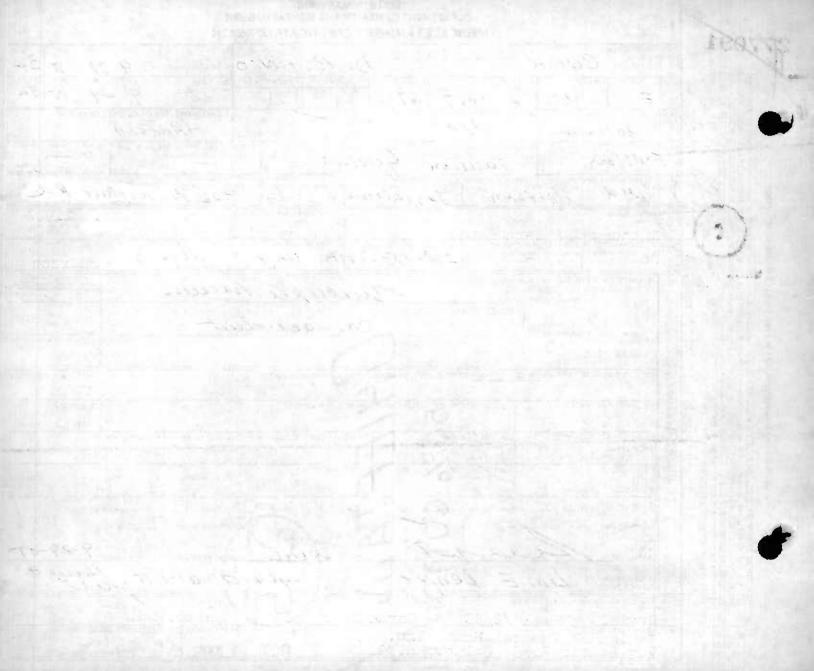
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	TO HOSPITAL OR ATENDING PHYSICIAN: The low requires that the death certificate be executed within 2# hours attended to relate the hispital or attending physician.	TO FINERAL DIRECTOR. After this certificate has been staned by the out-
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1		EASED NAME FIRST	MIDDLE	LA	St A A	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOL
10	11111	Willia	M Rabie	Da	uton		Sup 2	1985 6
18:0	1. SEX		4. RACE	5. DATE OF	F BIRTH YEAR	6 AGE (IN YEARS LAST BIR	THDAY IF UN	HOER I YEAR IF UNDER
21 14	0	Male	white	April	20,1911	74	YRS	DATE THOOKS
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11 66	Ha	Me de Grace		STREET ADDRESS)	Hospital	Type of work for most of Farmer	ION   1; of working life)   II	26. KIND OF BUSINI NDUSTRY
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1 00	14 FA	THER'S NAME	MIDDLE LAS	ST 0	15. MOTHER'S MAIDEN NAM	ME		LAST
28 100		William	Gadsen Da	1ton	Margaret	Ann		Anders
Poper Poper			E WAR OR DATEST	4.8216	17. INFORMANT Betty Cochra	ADDRE n.2505 Shur	M	D.21034 Rd.Darli
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has been signing the perior to but aws any injury,	TIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CON-	G TO DEATH BUT P		INAL DISEASE OR CON  20a AUTOPSY?  YES   NO	206 IF YES, WE	N PART Tro ERE FINDINGS USE G CAUSES OF DEA' NO [
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CTOR: After this certificate has been significate use as the burial-transit permit. Then, of Health and Mental Hygiene prior to build its marked or frem 18 shows any injury,		Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last  PART 2. OTHER SIGNIFICANT CO  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOTIFY HOLD (I) (this hospirit sow the deceosed alive an above, (1) (we) including an above, (1) (we) included an above (1)	DUE TO, OR AS A CON-  (c)  DUE TO, OR AS A CON-  (c)  CONDITIONS CONTRIBUTION  19b. CONDITION FOR W  19b. CONDITION FOR W  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTOR), Control  (at) ottended the deceased of	G TO DEATH BUT N  WHICH OPERATION  H DAY YEAR  19  DEFICE, FARM, ETC.)	211. HOW INJURY OCCURR 211. LOCATION STREET 25. 19.85. 4 that in (my) (aur) apinian of	20a AUTOPSY?  YES NO CED (ENTER NATURE OF INJUITY OR TO	206 IF YES, WE IN CERTIFY INC YES TO THE TEM 18 PART I	COUNTY : that (h) (d) from the couses sh
ERAL DIRECTOR. After this certificate has been significated for use as the burial-transit permit. Then posted bept, of Health and Mental Hygiene prior to built. If hem 21 is marked as them 18 shows ony injury.		Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER LIND UNDERLYING ON CONTRIBUTING OR CONTRIBUTION OF CONTRIBUTION OR CONTRIBUTIO	DUE TO, OR AS A CON-  Ib)  DUE TO, OR AS A CON-  (c)  CONDITIONS CONTRIBUTING  196. CONDITION FOR W  198. CONDITION FOR W  198. CONDITION FOR W  199. COND	G TO DEATH BUT N  WHICH OPERATION  H DAY YEAR  19  DEFICE, FARM, ETC.)	21c. HOW INJURY OCCURR 21l. LOCATION STREET  4 that in (my) (aur) apinian of	20a AUTOPSY?  YES NO CED (ENTER NATURE OF INJUITY OR TO	206 IF YES, WE IN CERTIFY INC YES TO THE TEM IS PART I	ERE FINDINGS USE G CAUSES OF DEA' NO [ OR PART 2)  COUNTY
ERAL DIRECTOR. After this certificate has been significated for use as the burial-transit permit. Then posted bept, of Health and Mental Hygiene prior to built. If hem 21 is marked as them 18 shows ony injury.	MEDICAL	Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT OF THE CONTRIBUTION CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK ALL WORK A	DUE TO, OR AS A CON-  (c)  DUE TO, OR AS A CON-  (c)  CONDITIONS CONTRIBUTION  196. CONDITION FOR W  196. CONDITION FOR W  196. CONDITION FOR W  216. TIME OF INJURY HOUR A.M. MONTH P.M.  216 PLACE OF INJURY (AT HOME STREET FACTORY, C)  101) ottended the deceased in the body offer death.	G TO DEATH BUT N  WHICH OPERATION  H DAY YEAR  19  DEFICE, FARM, ETC.)  from  C	211. LOCATION STREET  21. LOCATION STREET  25. 19.85 4 that in (my) (aur) apinian of Physician Physician 22. Address  23. Address  24. Address  25. Address  26. Il S. WW.	20e AUTOPSY?  YES NO CITY OR TO  CITY OR TO  TO 7-  death accurred on the did  MEDICAL STA  DIRECTOR PHYSIC	20b IF YES, WE IN CERTIFYING YES TO THE TENT OF THE TE	COUNTY  that (1) (  d fram the couses sh
DIRECTOR: After this certificate has been signicioched for use as the buriol-transit permit. Then posted for use as the buriol-transit permit. Then posted of Health and Mental Hygrene prior to but them 21 is marked as them 18 shows any injury.	WEDICAL ASSOCIATION OF THE PROPERTY OF THE PRO	Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT OF THE CONTROL OF CONTRIBUTION CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER LAT WORK NOTHY MEDICAL EXAMINER AT WORK NOTHY MEDICAL EXAMINER SOW the deceased alive an above, (I) (we) Likely did not 22b SIGNATURE	DUE TO, OR AS A CON.  1b)  DUE TO, OR AS A CON.  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR W.  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY CO.  tol) ottended the deceased in the body offer death.	OFFICE, FARM ETC.)  Tomographic Company of the Comp	211. LOCATION STREET  21 to (my) (aur) apinian of GREE  ATTENDING PHYSICIAN  22 ADDRESS	280 AUTOPSY?  YES NO  CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  AUTOPSY?  YES NO  CITY OR TO  CITY OR TO  AUTOPSY?  YES NO  YES NO  AUTOPSY?  YES NO  YE	20b IF YES, WE IN CERTIFYING YES  RY IN ITEM 18 PART I  WN  2 . 199  pote and hour and	COUNTY  that (1) (  d fram the couses sh



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE... FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR Celeste DiBitonto I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 3. SEX 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 3017 61 DEAD IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TINEVER MARRIED WIDOWED | DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS MOROL @ 1510 120. USUAL OCCUPATION (TYPE OF WORK Floor Ladv Manufacturei 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 13a. STATE Barksdale Rd NO TH 14 FATHER'S NAME Joppatowne, Md. LAS, 21085 MIDDLE Giovannina Fretitta Bartolomeo Anthony 16h SOCIAL SECURITY NO (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-05-514 Louis DeBitonto, same address 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinian Suicide Hamicide death resulted from: Undetermined manner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 30. BURIAL, CREMATION, REMOVAL 236. DATE 23r. NAME OF CEMETERY OR CREMATORY STATE Gardens of Faith Balto., Md. BP Burial 24 FUNERAL DIRECTOR Schimunek Funeral Look ome, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 9705 Belair Road, Balto., Md. 21236 15M 7/77



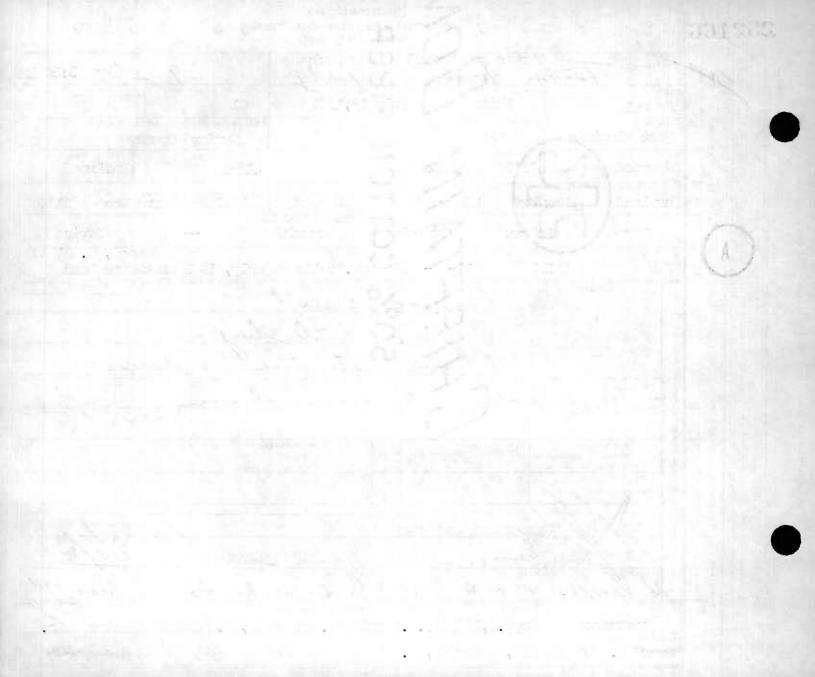
STATE OF MARYLAND

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		TY OR TOWN OF DEATH  gewood		11. Name of Hospital, nursing Home or other Institution 1903 Hawthorne Road			Cler	$\mathbf{k}^{\text{sormost of wor}}$	KING LIFE)	126. KIND C	of Business or	
1 tilled in	Ma.	AL RESIDENCE (IF NURSING HOME OR O STATE Tyland Harf		ther institution	Lacity OR THE		13d. INSIDE CITY LIMITS	19	ADDRESS / ZIP Bawtho	cope	Road	21040
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(A)/	160 V	VAS DECEASED EVER	WILL	ED FORCES? WAR OR DATES)	711-10		Mrs.Stella 1	Epperly				21040 load
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that the d by the case rem al, crems or other to		gove rise to immediate cause (a), stoting the underlying cause lost.  DUE TO, OR AS ACONSEOBENCE OF Structure lung disserve										
equires en signe or to burry, e	NOIL	Arlen	osek	enotic Cardis voscular			ERMINAL DISEASE OR CONDITION GIVEN IN PART 110  120. AUTOPSY?  120. AUTOPSY?  120. IF YES, WERE FINDINGS USED					
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SICIAN rig physical certifical rind-front entel thy less 18	MEDICAL CE	OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN IT	EM 18 PART	1 OR PART 2)	
other this or the to the	WED	21d INJURY OCCUR	HILE $\Box$ 1		OF INJURY TREET, FACTORY, OFFI	ICE, FARM, ETC.)	211 LOCATION STREET		CITY OR FOWN		COUNTY	STATE
CTOR of Hest		above A well	ed olive on_			· o	nd that in (my) (our) opini	on death occur	red an the date a		nd fram the	_
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trained by the bould be with the 5	7	22d. PHYSICAM'S N	1KAW		, D,	319	So. Conio	I Me	Han	E 08	Great	E Md
BP	236 8	Cremation Cremation		23b. DATE Sept.5			EMETERY OR CREMATOR	CI	TYORTOWN  W.Chester	c Ch	ounty ester	state Pa

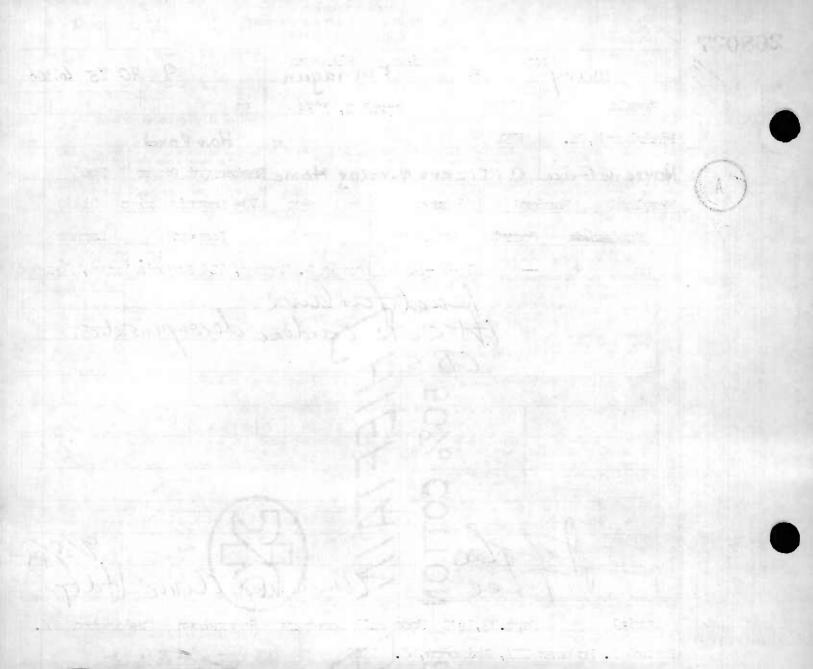
DHMH - 16 60M 7/B4 (VRA 15, 4)

Sept.5,1985 R.A.Ferris Co.Crematory, W.Chester
III, Abingdon, Md. 21009 SEP 5 1985 Julia 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

whia Davidson Randalle



STATE OF MARYLAND



in by the funeral director, page 3 ie filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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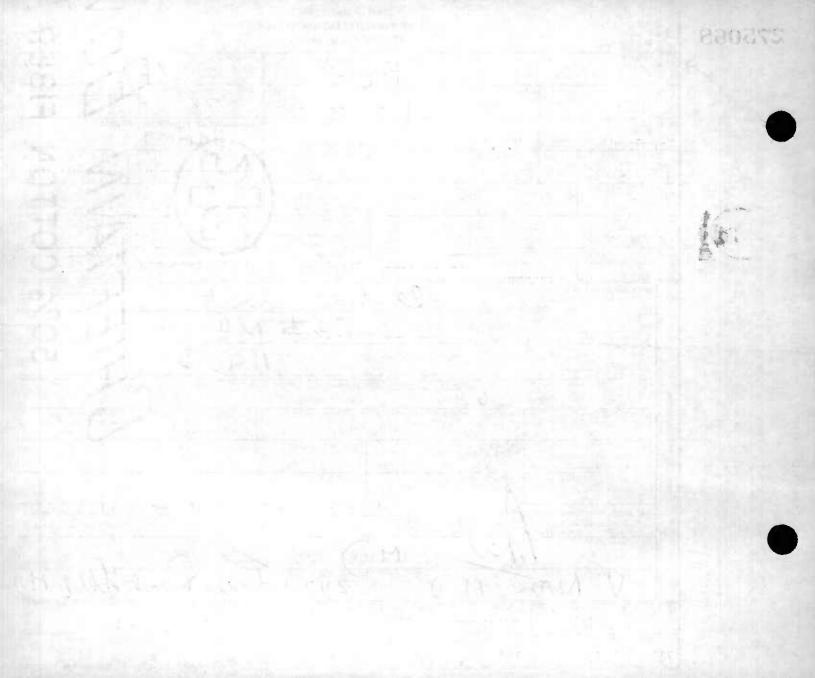
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8		CHARLES PINKNEY FOGLE 20. DATE OF DEATH MONTH POR 29							9 85	312 P		
	3 SEX	x		4. RACE		5. DATE C	OF BIRTH	-	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		White	2	7	/ 19 /	1907	78	YRS	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR I	FORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MAR	RRIED -	BALTIMORE CITY	R COUNT	Y OF DEATH	
2		ryland		U.S.A		WIDOWE	DIVO	RCED 🗌	Har	rord	Co.	MD.
	4	allston	ATH		HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS	HOSP		120 USUAL OCCUPATI ETYPE OF WORK FOR MOST OF MACHINE OF	F WORKING L	(FE) INDUSTRY	NAL CAN
2	13a S	al residence (# nurs aryland	Harf	ITY .	GIVE RESIDENCE BEFOR LA CITY OR TOW	/N	13d INSIDE CITY YES \( \text{N} \)	LIMITS?	3e STREET ADDRESS			n
1	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S M		E MIDDLE		IAS	
1	C	HARLES			FOGLE		ELIZA				ORNING	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRE	ss Jop	pa, Md	21085
		No			577 05	0086	Charlen	e Watc	hinsky 162	1 01d	Joppa	Rd.
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly ane cause per D BY: E CAUSE (a)	line far (a), (b),	and	Shac	a	nert		APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
		Cardwin or		DUE TO, O	r as a consequ	ENCE OF	ali	tai	MI		SEX	ZX
		Conditions, if ony, gove rise to imm cause (a), statin underlying cause	mediate ig the	DUE TO, O	R AS A CONSEOU	ENCE OF	0,00	1	RUD			M.A.
				(c)					1 20 3			
	NOI	PART 2. OTHER SIGN	NIFICANT C	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIV	VEN IN PART 110	
1	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?  YES NO.	IN CERTI	S, WERE FINDIN FYING CAUSES ES	GS USED OF DEATH?
9		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDII	CAUSE OF DEA	111	FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE	OF INJURY		21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WO	RK	1/		0	1,7	CI	a	200		
		22a.1 certify that (1) saw the decease		1 1 -		87	od that in (my) (au	r) aninian de	eath occurred an the de	ata and ha		that (I) (we) last
- [		abave, (1) (we) (a 22b. SIGNATURE			after death.			r) apinian de	occurred an me a	ore and nat		
1		226. SIGNATURE		Ma		M	ATTE	NDING	MEDICAL STAL	IAN 🗆	22c. DATE	SIGNED
		22d. PHYSICIAN'S NA	WE TYPE O	TR 1	M.)	T. in	21/2 ADDRESS 21/2	- Be	laix	Da	l. Fall	el H)
		SURIAL, CREMATION,		23b. DATE			EMETERY OR CRE		23d. LOCATION		COUNTY	STATE 1
		Buria		9/2/1	985 Oa	klawn	Cemeter	У	Baltimor	e, Ma	ryland	STATE
1	24 FU	INERAL DIRECTOR	The D	ippel Fu	uneral Ho	mes I	nc	25a. DATE	REC'D. BY REGISTRAR			URE
	71	10 Belair	Road	Baltimo	re, Mary	land	21206	1	B 7 0	Pa	14	4.70

DHMH - 16 60M 7/84

should be detached for use as the buriol-transis with the State Dept. of Health and Mental Hygi IMPORTANT: If Item 21 is marked an Item 18 sh

(VRA 15, 4)



FOR STATE

REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

L	HY	GII	ENE	8	

REG. NO

5	4	6	1
-	,	0	1

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

23d LOCATION
CITY OF TOWN
WEST CHESTER

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOARD

250 DATE REC'D.

me. //	(TYPE	OR PRINT)	7	-	1	C	1	1	20. HOUR
88 0		VAMES	<i>-</i> .	105	ter	Septer	nber 2	1, 1925	1:251
1	1. SE)		RACE	S. DATE	OF BIRTH H DAY YEAR	6 AGE JIN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
100	1	8/a/E	WHITE	2	9 1910	75	YRS		
2 0	30 81	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTE	RY? 8		9 BALTIMORE CITY	R COUNTY O	FDEATH	
1	)	Maculars	U.S.A	WIDOW	NEVER MARRIED DIVORCED	ih-D	1		
1	10 CI	TOR TOWN OF DEATH	AME OF HOSPITAL, NUR			120 USUAL OCCUPAT	ION	12h KIND OF	BUSINESS OF
40 Kg	11.	1 000	NOT IN SUCH FACILITY, GIVE STE		1 // //	TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	40
33 (A) K	FID	ore de Grace		emeni	al blospital	PAINTER F	227.	4.5.6	011.
83	lla.5	IL RESIDENCE (IF NURSING HOW ON O TATE	130 CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	5/2/	1911
15	M. FA	THER'S NAME	RISULY		15. MOTHER'S MAIDEN NA		0.2.2.7		3
omple and	J	OHN FRI	ANK FOST	TETZ	Lula	WIDDIE	170	= ind	1=
11 10			ED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRI	SS		
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m, m	1	PART I DEATH WAS CAUSED	one course per line lawar by	·An	- 1 markle	10-1	Much	APPROXIM	ATT INTERVAL HEATE GIVA FEMI
0.000	13	IMMEDIATE	CAUSE (a)	VV.	4 / yegu / a	wory to	aller		
of to the			DUETO, OR AS A CONSEC	VENCE OF	. ( . /	UV		110	
900		Conditions, if any, which	1 6 Dines	unu	gry a				
A 0 0 0		gave rise to immediate couse (a), stating the	DUE TO OF AS ACONSEC	SHENCE OF A	EL HORAGE		1.106		1000
\$ 5 E		underlying coose last	1 AR	10	9			7110	
page and a		PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING T	O DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART In	
Para Para Para Para Para Para Para Para	ž		- 17011111						
119 12	IFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	Z0n AUTOPSY?	20b. IF YES. V	VERE FINDING	GS USED
618	꾶					was Ed. walk/	IN CERTIFYIN	NG CAUSES C	OF DEATH?
s g s	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		11. HOW MILIPY OCCUPE	YES NO	YES (	and a	NO 🗌
事事		OR CONTRIBUTING TO CAUSE OF DEATH		DAY YEAR	21c HOW INJURY OCCURE	(ED (ENTER NATURE OF INJU	RY IN HEM 18 PART	I OR PART 2)	
rial ento	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
his d M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	CE EARM EIC )	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
s th s th s on rked	2	AT WORK	, and a state of the own, of the	. E, / ARM, ETC /					
se o se o ma		220.1 certify that (I) (this haspita	I) attended the deceased from	m	. 19			, tl	hot (I) (we) los
S P P P P P P P P P P P P P P P P P P P		sow the deceased alive on _	19		nd that in (my) (our) apinion a	deoth occurred on the de	ate and hour o	nd from the co	ouses stated
2 to E	-	27% 51GNATURE	view the body offer death.		DEGREE. I	/	- 7.	22s, DATES	desta /
200 =	1	1	Lee	/	ATTENDING	EDICAL STA	FF	4	Sila
4 - 5 E - 4		274 PHYSICIANS NAME ILINE	and /	1	224 ADDRESSI	DIRECTOR PHYSIC	IAN	1 4	949
N P P P P P P P P P P P P P P P P P P P		The state of the s	7/00	(	1/ laston 1	mod Com	110 /	41	2
0253		V	Lee		Women /	The Chi	100	110	/

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DIVISION OF VITAL

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

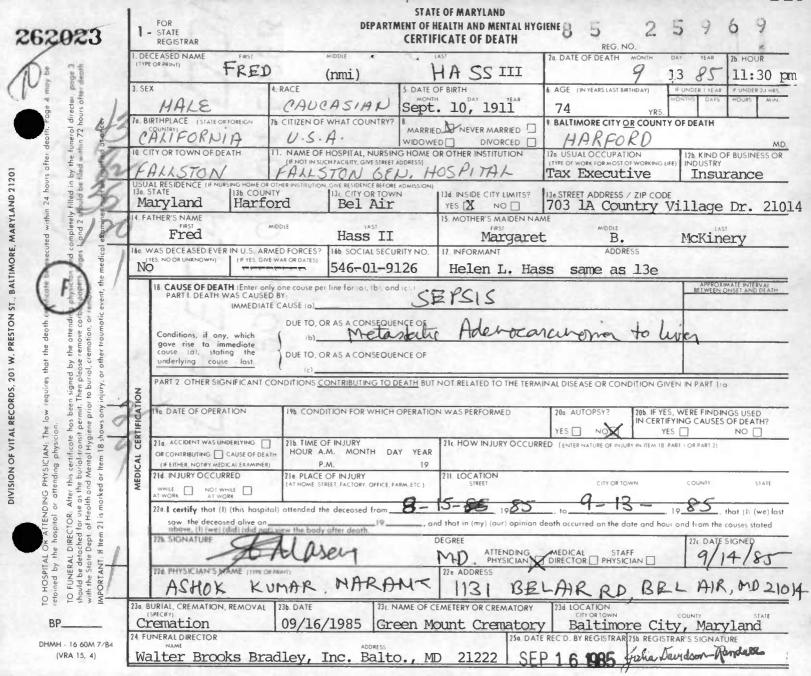
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-L		REGISTRAN		4011111		REG. N	Ю.		
I		CEASED NAME FIRST	MIDDLE	11	AST (HARLAN)	20. DATE OF DEATH	MONTH DA		25 HOUR A
H	SEX	MARGAR	4 RACE	S. DATE C	CIAN	6 AGE (IN YEARS LAST BI		WINDER I YEAR	IF UNDER 24 HRS
ľ	DEX	FEMALE	White	MONTH	DAY YEAR			NIHS DAYS	HOURS MIN.
4	- B16	RETHELAGE MATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	AS 8	9, 1903	9 BALTIMORE CITY O	YRS	DE DE ATH	
3		normani normani	U.S.A	MARRIE	D NEVER MARRIED	HARFOR	_	ALLETT	~
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWE		12a USUAL OCCUPAT		12b KIND O	MD. P BUSINESS OR
4	7	7115700 (21047)	TRUSTON GO	EUECA.	1 LUNS PRITOI	TYPE OF WORK FOR MOST	OF WORKING LIFE)	HOMEN	aker
į.			ROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		13e.STREET ADDRESS	/ 7ID CONT	2/0	401
7			ord Co. Fallsto		134 INSIDE CITY LIMITS?	2840 PIE		ILE POR	49
J.	FA	THER'S NAME	MIDDLE LAST.		15 MOTHER'S MAIDEN NAM	AIDDIE		LAS	ī
1		Thomas Fran			Anna	MARY		LIEM	
1			VE WAR OR DATES)		17 INFORMAN (Scu) 87		PIEASA	ell'ivter	Read
F	_	70 -	217-36-	3642	ma William A.	HATIAN FALL	ston, m	propland	21047
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for [a1] (b1, ED 8Y.	ond on	A	~ 000 -	0	BETWEEN	MATE INTERVAL ONSET AND DEATH
1		IMMEDIA	TE CAUSE (a)	·aco	Ameras	to a			
1	н	Conditions, if ony, which	DUE TO OR AS A COMEC	HAY	UCAL				
1		gave rise to immediate couse (a), stoting the	) (b)				-		7 7 9
1		underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF				1.00	
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	V IN PART 110	0
	0								
1	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH			OPERATION WAS PERFORMED 200 A		206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		OF DEATH?
1	E .		The Three Octoballians	No.	111 11011111111111111111111111111111111	YES NOR	YES		NO 🗌
	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCURE	KED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T   OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21st PLACE OF INJURY	10	TH LOCATION				
1	ME.	MARKE O NOT WHILE O	LAT HOME STREET FACTORS OFFIC	LIMPTE	THE LOCATION	CITY OR A	JWN 1	COUNTY	STATE
1		220   certify that (I) (this hospi	itali attended the decease	XI	21/1/010	- 4/	7/8	0	that (II (we) lost
1		saw the deceased	of view the body/affe death.	C 1.	nd that in (my) (aur) apinian	death accurred on the d	late and haur r		
1		77h SIGNATURE	A PAREN DIE DODANGTIE DE TIL		DEGREE	1	115	TE DAR	到果
1		FA!	w Y	- 1	ATTENDING PHYSICIAN	MEDICAL STA		71/	20/80
٦	3	22d PHYSICIAN'S NAME (TYPE C		1	22e ADDRESS	1 0 1	0 . A	my	1
1		PLINDAG	rences		16846	herely	u.p	wia	
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	234 LOCATION		COUNTY	STATE
	P	buriAl		the Fall	is Friends Cometer	Tall ston, 1	tarford 6	Maryla	1 21047
		UNERAL DIRECTOR FOS			liams sty 5 250 DA	O 1985	256 REGISTR	AR'S SIGNAL	URB
L		myerine total	BE Air M	postered	71014	1	-3		- 4

DHMH - 16 60M 7/84 (VRA 15, 4)

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60044	1 -	FOR STATE REGISTRAR			EALTH AND MENTAL	L HYGIENE 8	5 2 REG. NO.	5 9	/ 0
		CEASED NAME FIRST F	lorence MIDDLE All	ert .	Haynes	20. DATE OF	DEATH MONTH	DAY YEAR	2h HOUR
page 3	100	Flores	nce	H	AUNES		09	11 85	5 11 17
(O E	I. SE		4 RACE	5. DATE O			EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
ector		H H	White	5	SAY JEAN		YRS.	MONTHS DAYS	HOURS MIN.
1 2 2 8 P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	BALTIMO	RE CITY OR COUNT	Y OF DEATH	
	_		USA	WIDOW			RPORD	cou	KY MD
1 11 01	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!  (IF NOT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WORKING		OF BUSINESS OR
1000	1	ALLSTON	FALLSTON (	SENER	AL HOSPI		sewife		-
1 201	USU.	AL RESIDENCE (IF NURSING HOME O	NTY A 130 CITY OR TO	ORE ADMISSION)	1136 INSIDE CITY LIMIT	IS? 13. STREET A	DDRESS / ZIP COL	DF O	
1100		11/1/	erford Joo	oa_	YES NO	k 1108	Mounta	in Rd	21085
1 1 10	协行	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDE	N NAME			
1104	1	Harry	James Rayner		Florence	70 7	Albert	Bi	urchard
S G G		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT			opa, Md.	
Pages Pages	(	res, no or unknown) (IF yes. GI	WE WAR OR DATES) 21618	9735	Mack C. Ha	aynes, Jr.	, 1108 Moi	intain I	Road
te b oers.				and (c)			-		XIMATE INTERVAL
phys phys pop may rent,			nly one couse per ine for (a), (b), ED BY: (TE CAUSE (b)	Pun	monary	ARRI	281	BC) WEELS	ONSET AND DEATH
ling irboi		IMMEDIA	(TE CAUGE (U)		0	7		0	
tend re co an, o		Conditions, if any, which	DUE TO, OR AS A CONSEC	SUENCE OF	ARCINO	MA		1 7	Ju.
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by the		underlying couse lost.	DUE TO, OR AS A CONSEC	DENCE OF					
ires 1h gned n plec burial ry, ar		PART 2. OTHER SIGNIFICANT.	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION G	IVEN IN PART 1	10
signal si	20	CONGESTIVE	INEART GA	Lule	E/ RENA	2 FAIL	MRE		
beer mit.	CERTIFICATION	No. DATE OF OPERATION	1% CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	79a AUTO	PSY7   266 IF Y	ES, WERE FIND	
has has	LIFIC	- 6-75				VES CT	146	IFYING CAUSE	NO []
N: Thy ysicion ysicion on site Hygire 8 sh	CER	31s, ACCIDENT WAS UNDERLYING			THE HOW INJURY OF	CURRED (ENTER-SA)	UNI STINAME INCOME	PART I ON PART Y	
Ctan phy rrific al-tra stal t		OR CONTRIBUTING COLUMN CHILD CAUSE OF DE	TAYED TO THE TAX TO TH	DAY YEAR	12 12 1				
HYS!	MEDICAL	ZIE INJURY OCCURRED	21s. PLACE OF INJURY	and the same of th	211 LOCATION		CANCELLIA COLO	10000	- Services
G Pp	M	AT WORK AT WORK	CAT HOME, STREET, FACTORY, OFFIC	1 HAME ETC	1 /	-/	O J	COUNTY	3146
Or		Printed Printed	atal) arregined the deceased from	net	74 10	85 10	9/11	10 85	fleet all Twee Tour
TEN or to R			ot view, that body often death.	100	d that in (my) (out) op	inion death occurred	on the date and ho	our and from the	r covies stated.
REC Ped fer Pept.		77h SIGNATURE	of view the body offer death.	V	DEGREE,			27c DATE	SIGNED .
Y the O y the detack of D of E D of T of		XIA	~ your	X	MATTENDE	MEDICAL	STAFF	91	12/85
- 0 0		224 PHYSICIAN SMAME LIVE	DE MENT)	-	1224 ADDRESS OA	401	The state of the s	14	
		to And P	EDWARDS,	COM	Conces	TON GET	KERAL	HOS P	
sho sho	23n F	SURIAL, CREMATION, REMOVAL		NAMEOFO	EMETERY OR CREMATI				
BP	(	SPECIFY)				CITY	ORTOWN	COUNTY	STATE
		JNERAL DIRECTOR	Sept.14,1985 B	ELAIT I	Memorial Ga	ndens Be	GISTRARISH REGIS	arford	ATURE Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)			mas III, Abingd	on Md		SEP 13		~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-yandalle
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STATE OF MARYLAND

AFRICOS. that eliment STE set some to the street to be STE of the American self-late, in the Color of the first self-filling. 

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	Con.	-			
REG. N	10.				
DEATH	MONTH	DAY	YEAR	2b	Н

REGISTRAR			REG. NO.		1	
	ristina Mary Mary	<sup>IAST</sup> Jacobs	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	5
CHRISTI		5	9 12/180	45 1 th 15 5 5 5 1 th 1	10	P
d. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 2	A HRS
Female	White	July 7, 1894	91 YRS	MOITING DATS	ACOKS	PATIFIC.
70 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH		
Joppa, Md.	USA	WIDOWED DIVORCED	Harford County	У		M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION	126. KIND C	F BUSINES	SS O
Bel Air	Belair Convales	cent Center	HOUSEWITE HOUSEWITE	E) INDUSTRY	70	
USUAL RESIDENCE (IF NURSING HOME OR		ADMISSION) N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE		210	)40
Maryland Harfo		YES ON NO TX	2412 Willoughby		Road	

ı	1			152	LILL MILLOUGH	Log Doctors I to July
١	14 FATHER'S NAME			15. MOTHER'S MAIDEN N	NAME	
	Henry	John	Willick	Mary	MIDDLE	Mertel
١			166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	Joppa, Md. 21085
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	217-09-4820-A	Mrs.Regina	A/Hartman, 111:	

Conditions, if ony, which gove rise to immediate  DUE TO, OR AS A CONSTQUENCE OF Lymph wordin	PART I. DEATH WAS CAUSED		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b) IN VOLVING LYMPH Node	IMMEDIAT	CAUSE (o)	
	Conditions, if ony, which	in la volving I worth norder	
underlying couse lost	couse (a), stating the	DUE TO, OR A CONSEQUENCE OF BUSH	

20a AUTOPSY 20b. IF YES, WERE FINDINGS USED

N Y TO A TOWN	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21c. HOW INJURY

IN CERTIFYING CAUSES OF DEATH? YES NOT YES T NO T Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	YAC	YEAI
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.		19
1	214 INDITION OCCUPPED	21. PLACE OF INJURY		

III LOCATION

COUNTY

MORK -	NOT WHILE		[AT HOME	STREET, FACTORY,	OFFICE, FARM	١.
a.1 certify	that (I) (th	s haspital)	attended	the dedeased	fram e	Ī

sow the deceased alive ar

230 BURIAL, CREMATION, REMOVAL

and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

_	dbase, [i]	( AA C) !	aid) (a	ia nar	Alem tufe	Dody C	nrer de	arn.		
by	SIGNATU	RE.					11	20		
1	) _ <	1	7.	7	200			7	10-	2
f	LAT 101	11	11.		11	11	Man	/ .	IM	/

236. DATE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

L DATE	510	NED	1	3
1/	20	//	01	-
10	-	10	21	

STATE

0	018	20
	40	18

Burial

oct.1,1985

St. Stephen's Cemetery

DEGREE

Bradshaw Balto.

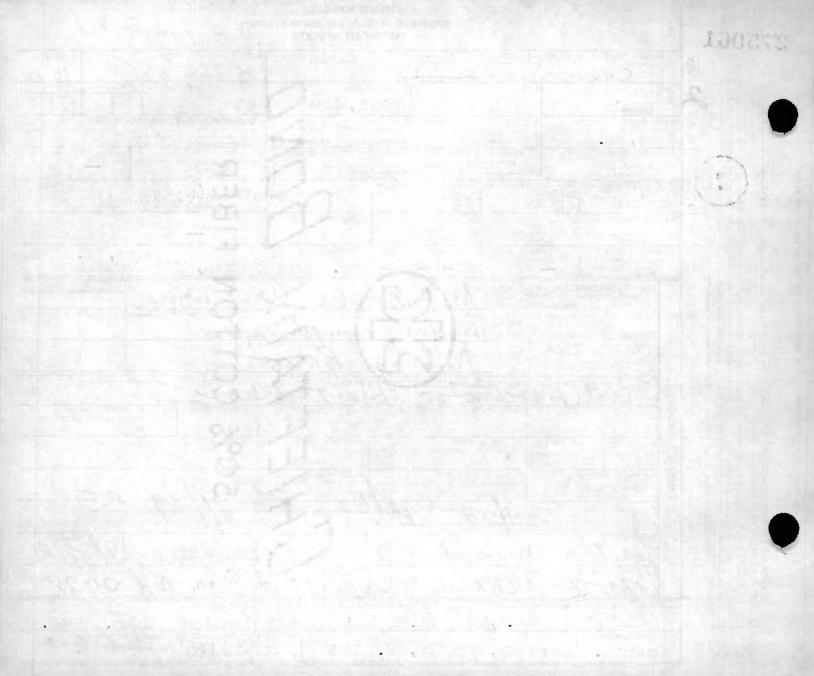
STATE Md.

24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE SEP 30 1985 Julia Davidson Mandage

DHMH - 16 60M 7/84 (VRA 15, 4)



injury, or other troumotic

With the State Dept. Was any IMPORTANT: If them 21 is marked or Item 18 shows any

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O-JOIL TO	-	STATE	

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

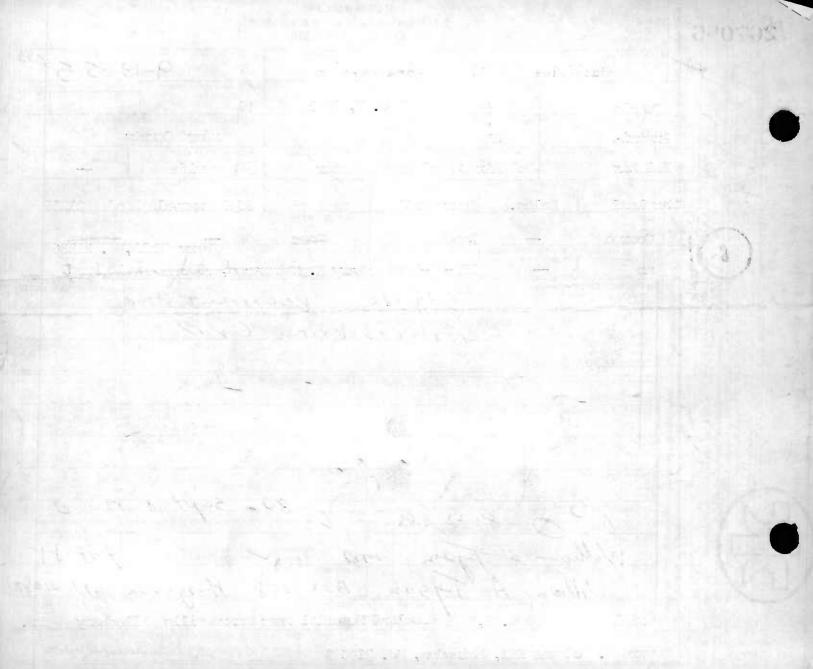
1 0	0	g Care	-	-7	-
5	la	2	1	/	La
PEG NO					- 4

	REGISTRAR		the second second			REG. N				
	CEASED NAME FIRST		MIDDLE	•	LAST	20. DATE OF DEATH	MONTH	DAY YE	AR	26 HOUR
	MARGA		Amel	ia	Jones		9	1 8	25	3:17
EX		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS I	YEAR	IF UNDER 24 H
	Female	Whit	e	MONTH	4 00	65	YRS			
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTR	Y? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEAT	TH	
	OUNTRY) Md.	USA		WIDOWE	DIVORCED	Harlord	So.			
	TY OR TOWN OF DEATH		HEACILITY GIVE STR		OR OTHER INSTITUTION	120. USUAL OCCUPA		12b. KI	ND OF	BUSINESS
-	Uston	fallsto	n gener	al		Jales (Les	rk	Re	tal	ol
S	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		13 LITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE	2/	22/
	ld.		-Balto.		YES NO		inwood	d Ave.	21.	224
		MIDDLE	a IASh o		15. MOTHER'S MAIDEN NA	ME			IAST	
-	orge		0 1	еллоп	Sophia					
	(IF YES GIVE	MED FORCES? E WAR OR DATES)	166 SOCIAL SE		17 INFORMANT	ADDI		0.1		
1	0		722-05-	-5013	Patricia O'B.	rien 1606 1	unor			
1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per	line for (a), (b),	ond test				BETY	WEEN ON	ATE INTERVAL NSET AND DEA
П				ral.	cervas,					
		E CAUSE (0)	ere							
			R AS A CONSEC		. 0				7 /	,
	IMMEDIAT		R AS A CONSEC		ins refore to	- Dura	7.13	2,	2 W	4
	IMMEDIAT  Conditions, if any, which gove rise to immediate couse (o), stating the	DUE TO, OI	R AS A CONSEC	DUENCE OF	ial refere to	"There's		1	2 a	4
	IMMEDIAT  Conditions, it ony, which gove rise to immediate	DUE TO, OI	R AS A CONSEC	DUENCE OF	ind refere to	ve		2,	2 a	ut us
	IMMEDIAT  Conditions, if any, which gove rise to immediate couse (o), stating the	DUE TO, OI  (c)	R AS A CONSEC My F R AS A CONSEC A	DUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COL	NDITION G	CIVEN IN PA	2 a	y us
I	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OI    (b)   DUE TO, OI   (c)   CONDITIONS CC	RAS A CONSEC RAS A CONSEC A DNTRIBUTING TO	DUENCE OF SC VE						us .
I	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OI    (b)   DUE TO, OI   (c)   CONDITIONS CC	RAS A CONSEC RAS A CONSEC A DNTRIBUTING TO	DUENCE OF SC VE	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF Y	GIVEN IN PA	INDING	
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO	R AS A CONSEC R AS A CONSEC A DITTION FOR WHICE	DUENCE OF SC VE	N WAS PERFORMED	20a AUTOPSÝ? YES NO	20b. IF Y	YES, WERE F TIFYING CA YES	INDING USES C	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OI (b)	R AS A CONSEC R AS A CONSEC A DITTION FOR WHICE	DUENCE OF COURSE		20a AUTOPSÝ? YES NO	20b. IF Y	YES, WERE F TIFYING CA YES	INDING USES C	OF DEATH?
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	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF THE	DUE TO, OI  (c)  DUE TO, OI  (c)  19b. CONDITIONS CC  19b. CONDITI	R AS A CONSECTION FOR WHICE	DUENCE OF S C VED  O DEATH BUT  CH OPERATIO  DAY YEAR  19  E. FARM ETC.)	21c. HOW INJURY OCCUR 21L LOCATION STREET	20a AUTOPSY?  YES NO RED (ENTER NATURE OF INJ	20b. IF Y IN CER	YES, WERE F TIFYING CA YES COUN	INDING USES C	STATE
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA CIFE THER. NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK  22a.1 certify that (1) (this hospit sow the deceased alive on obove (1) (well dight ediction or obove (1)) (well dight ediction or obove (1)) (well dight ediction or other well as the course of	DUE TO, OI  (b)  DUE TO, OI  (c)  IPb. CONDITIONS CC	R AS A CONSECTION FOR WHICE	DUENCE OF SOURCE OF ODEATH BUT  CH OPERATIO  DAY YEAR  19  E. FARM ETC.)	211. LOCATION SIREET  19 44 that in (my) (our) opinion	20a AUTOPSY?  YES NO RED (ENTER NATURE OF INJ	20b. IF Y IN CER	VES, WERE F TIFYING CA YES	INDINGUSES C	STATI
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER LIMITURE)  WHILE NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER 21d. IN WORK  21d. I certify that (I) (this hospit	DUE TO, OI  (b)  DUE TO, OI  (c)  IPb. CONDITIONS CC	R AS A CONSECTION FOR WHICE	DUENCE OF SOURCE OF ODEATH BUT  CH OPERATIO  DAY YEAR  19  E. FARM ETC.)	211. LOCATION SIREET  211 LOCATION OF THE PROPERTY OF THE PROP	ZEO AUTOPSY?  YES NO CITY OF INJ  CITY OF I	20b. IF Y IN CER	VES, WERE F TIFYING CA YES	INDINGUSES C	STATE
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF COURSE OF COURSE OF COURSE OF COURSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE AT WORK NOTIFY HOLD (this hospit sow the deceased olive on obove (1) (we) (did) Adid not 22b. SIGNATURE	DUE TO, OI  (b)  DUE TO, OI  (c)  19b. CONDITIONS CC	R AS A CONSECTION FOR WHICE	DUENCE OF SOURCE OF ODEATH BUT  CH OPERATIO  DAY YEAR  19  E. FARM ETC.)	211. LOCATION SIREET  19 30 nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	ZOO AUTOPSY?  YES NO CITY OR TO COMPANY  CITY OR TO COMPANY  MEDICAL STA	20b. IF Y IN CER	VES, WERE F TIFYING CA YES	INDINGUSES C	STATI
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA CIFE THER. NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK  22a.1 certify that (1) (this hospit sow the deceased alive on obove (1) (well dight ediction or obove (1)) (well dight ediction or obove (1)) (well dight ediction or other well as the course of	DUE TO, OI  (b)  DUE TO, OI  (c)  19b. CONDITIONS CC	R AS A CONSECTION FOR WHICE	DUENCE OF SOURCE OF ODEATH BUT  CH OPERATIO  DAY YEAR  19  E. FARM ETC.)	211. LOCATION SIREET  211. LOCATION SIREET  , 19 And that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN E	ZEO AUTOPSY?  YES NO CITY OR TO C	20b. IF Y IN CER	VES, WERE F TIFYING CA YES	INDINGUSES C	STATI
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF COURSE OF COURSE OF COURSE OF COURSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE AT WORK NOTIFY HOLD (this hospit sow the deceased olive on obove (1) (we) (did) Adid not 22b. SIGNATURE	DUE TO, OI  (b)  DUE TO, OI  (c)  19b. CONDITIONS CC	R AS A CONSECTION FOR WHICE	DUENCE OF SOURCE OF ODEATH BUT  CH OPERATIO  DAY YEAR  19  E. FARM ETC.)	211. LOCATION SIREET  19 30 nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	ZEO AUTOPSY?  YES NO CITY OR TO C	20b. IF Y IN CER	VES, WERE F TIFYING CA YES	INDINGUSES C	STATI
В	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF COURSE OF COURSE OF COURSE OF COURSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE AT WORK NOTIFY HOLD (this hospit sow the deceased olive on obove (1) (we) (did) Adid not 22b. SIGNATURE	DUE TO, OI  (c)  DUE TO, OI  (c)  19b. CONDITIONS CC  10cl of the condition of the conditi	R AS A CONSECTION FOR WHICE TION FOR WHICE TION FOR WHICE M. MONTH M. MONTH M. DF INJURY EET FACTORY, OFFICE Today death.	DUENCE OF SOURCE OF ODEATH BUT  CH OPERATIO  DAY YEAR  19  E. FARM ETC.)	211 LOCATION SIREET  211 LOCATION SIREET  At that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN 22e ADDRESS	ZEO AUTOPSY?  YES NO CITY OR TO C	20b. IF Y IN CER	VES, WERE F TIFYING CA YES	INDINGUSES C	STATI

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH 2h HOUR TYPE OR PRINTI ٧. 3 SEX 5. DATE OF BIRTH VEARS LAST RIPTHINAY IF LINDER LYEAR IF LINDER 24 HRS MONTH MALE WHITE **DECEMBER 14, 1907** 77 TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYI ANO USA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY AUK de wale (RET) CHIEF, ORN. SUR FEOERAL GOVT. (APG WALFESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13L CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MD HARFORO HAVRE de GRACE 734 ONTARIO STREET 21078 YES X NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST CARL KEFN IOA V. CAIN WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT IYES NO OR UNKNOWN HE YES GIVE WAR OR DATEST NO 220 09 0395 HARVEY V. KEEN, JR. 29 N. PARADISE RO. HAVRE de GRACE, MO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ling for (p), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [

21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M. 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

STATE

MGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22a I certify that (1) (this hospital) attended the deceased from

obove, (1) (we) (did) (did not) view the body after death

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

CITY OR LOWIN

22c DATE SIGNED

COUNTY

saw the deceased alive on

LIF EITHER NOTIFY MEDICAL EXAMINERS

NOT WHILE

21d IN JURY OCCURRED

23c. NAME OF CEMETERY OR CREMATORY ANGEL HILL CEMETERY

DEGREE

23d LOCATION

HAVRE de GRACE, HARFORD CO..

CITY OF TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

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\*

MPORTANT

d b

24 FUNERAL DIRECTOR

(SPECIFY)

MEDICAL

BURIAL

23a BURIAL, CREMATION, REMOVAL

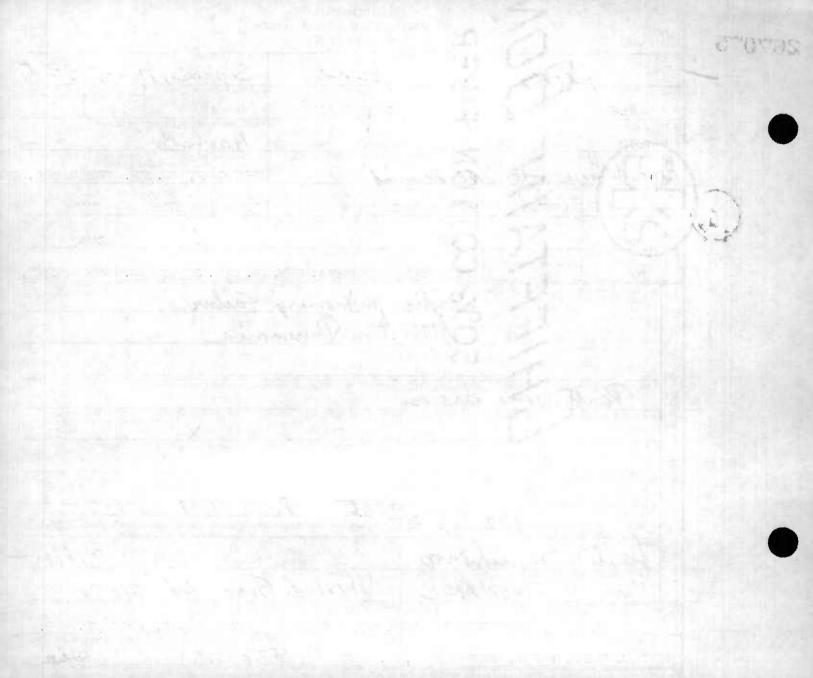
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

20SEPTEMBER85

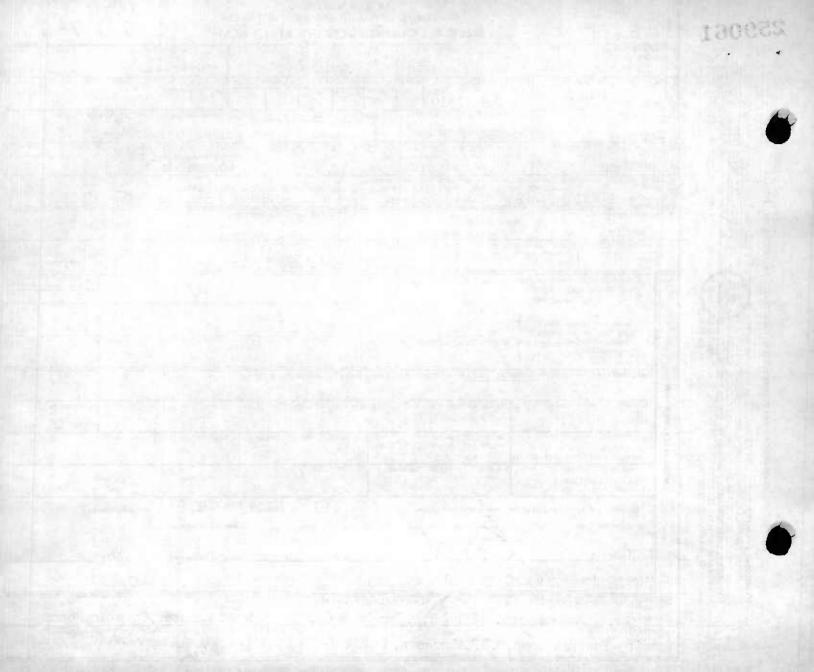
23b. DATE

21078

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	7/85 mtb E	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL	HYGIENE	0 1"	,	, a
	ME			OF BEATH R	EG.NO.	9/	2
				OF EST	1.		20 1100
HEGW1.	IS DATE OF BIRTH	6 AGE (IN YE	ARS IF UNDER 1 YR. TIE LINDE		ED X 9		
White	MONTH DAY	YEAR LAST BIRTHD	AY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	9	2 19 8	
(STATE OR	76. CITIZEN OF W	HAT COUNTRY?	10	RIED 9. BALTIMORE	CITY OR COUN		- 102
7	USA		WIDOWED DIVOR	CED   Harford			٨
en	838 Lynn	Lee Dr.		FOR MOST OF WORKING LE	FE)		
136 COUN	ITY	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	e Drive	21001	
AE	MIDDLE	LAST		DEN NAME	0 21270	LAST	
ED EVER IN U.S. AR			Y NO. 17. INFORMANT		DRESS	on MD 2	1001
(IF YES, GIVE	WAR OR DATES)	398-32-053	8 Richard 1	E. Kramer, 838	Lynn L	ee Driv	e,
rise to immediate a) stating the <u>under</u> ause last.	(b)	AS A CONSEQUENCE	OF	PART 1 ra			
F OPERATION	19b. CONDI	TION FOR WHICH OPER	RATION WAS PERFORMED?			20 AUTOPS	Y?
OCCUPPED	HOUR A.M DEATH P.M 21e PLACE	A. MONTH DAY YEA  A. 19  OF INJURY (ATHOME.	21c. HOW INJURY OCCURI	RED LENTER NATURE OF INJURY IN		ART 2)	NO C
	a of the remains de	scribed abave, held on	Autapsy X Inspect	ian . Inquiry .	and in my a	pinian	
S NAME Cro	ral couner	Accident Su	D 111	Undetermined manner  It. MEDICAL EXAMINER  Penn St., Ba	DATE SIGN		
ulted fram: Natur	gory R. K	Accident	TITLE (SPECIFY)  M.D. Assistar	Penn St., Ba	3.00		
S NAME Gre RINT) Gre	gory R. K	Accident	TITLE (SPECIFY)  M.D. ASSISTAT  D. ADDRESS 111  METERY OR CREMATORY  ris & Co.	nt medical examiner Penn St., Ba	lto., M	D 2120	L STATE
1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	White  (STATE OR  Y) N OF DEATH  E (IF IN NURSING HOME OF IST ON	Hedwig Anna  4. RACE  White  Sep. 19,  (STATE OR  (STAT	Hedwig Anna Marie  Hedwig Anna Marie  14. RACE  S DATE OF BIRTH MONTH DAY YEAR  Sep. 19, 1919 65 Y  USA  N OF DEATH  II. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  838 Lynn Lee Dr.  13b. COUNTY Harford  ME MIDDLE  ME MIDLE  ME MIDDLE  ME M	Hedwig Anna Marie Kramer  4. RACE S DATE OF BIRTH DAY YEAR OF SHETH DAY YEAR ON THE SED EVER IN U.S. ARMED FORCES?  White Sep. 19, 1919 65 YRS.  75. CITIZEN OF WHAT COUNTRY?  USA WIDOWED DIVOR WIDOWED DIVOR BY STREET ADDRESS.  8 38 Lynn Lee Dr.  10. E (IF IN NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION)  1136. COUNTY Harford Aberdeen SED IS MOTHER INSTITUTION  ME MIDDLE LAST FINE SMALL SECURITY NO. 17. INFORMANT FIRST  WE DE EVER IN U.S. ARMED FORCES?  NOWN) (IF YES, GIVE WAR OR DATES)  OF DEATH (Enter only one couse per line for (a), (b), and (c).)  DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) ATTENDED TO THE REMINAL OISEASE OR CONDITION GIVEN IN INTO THE TERMINAL OISEASE OR C	Hedwig Anna Marie Kramer    ARCE	Hedwig Anna Marie  Kramer    A. RACE	Hedwig Anna Marie    A RACE   S DATE OF BIRTH   S AGE (EN YEARS)   S A



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH YEAR 26 HOUR (TYPE OR PRINT) ESTI-L. Levengood DEATH MATED Eric 9-21 19 85 4. RACE . AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 5. DATE OF BIRTH 2d HOUR DATE 22 DAY 1969 PRONOUNCED White Male DEAD 10 85 76 CITIZEN OF WHAT COUNTRY? a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Pennsulvania WIDOWED DIVORCED Harford County EITY OR TOWN OF DEATH ILANAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Aberdeen Student Kirk Army Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 1934 Geraldson Drive 17601 Lancaster Pennsylvania *Lancaster* NOXX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Walz Levengood Margaret Peter 16h SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 444-60-2579 Mr. Peter L. Levengood same as 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Open Wounds of Lower Extremities DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Drowning 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR subject fell off skis and was run over by boat UNDERLYING NOR 2:30 M. CONTRIBUTING CAUSE OF DEATH 9-21 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK TO AT WORK Swann Creek, Aberdeen, Harford Co., Maryland water Autopsy XX 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry scident XX death resulted from: Homicide . Undetermined manner Notural couses Suicide TITLE (SPECIFY) ACTUAL M.D. Assistant 9-23-85 SIGNATUR TO PAGE PAGE AFTER I EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. TYPE OR PRINT 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Conestoga Memorial Park Lancaster Pennsylvania 9/26/85 Burial 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH # 17** wha waydoon flandalle Leonard J. Ruck, Inc. 5305 Harford Road 21214 (VR A15 ME (5))

BEL Air, Maryland 21014

(VRA 15, 4)

DHMH - 16 60M 7/84

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENES REG. NO 20 DATE OF DEATH 26 HOUR NirginiA MARKINE 1985 5. DATE OF BIRTH MONTH White 62 August 20, 1923 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Harford Count WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR INDUSTRY Housewife HOWENAKEL

13e STREET, ADDRESS / ZIP CODE

117 DUNCANNON

DUNCANNON ROAD 13b COUNTY 13d. INSIDE CITY LIMITS? Harford Co. MARYLAND

BEI Aric

15. MOTHER'S MAIDEN NAME OLEVIA DENCEL 17 INFORMAN (Hubard) 838-332 (ADDRESS Surcamucu Road

NO X

(YES, NO OR UNKNOWN) 217-12-5609 MG Richard L. MARKLINE BEN Air, MARYLAND 21014 NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c

	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate	(b)	
couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	

IN PART 110

190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX YES 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING T CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINERS P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from sow the deceosed plive on and that in (my) (aur) apinion death accurred on the date and have and Iram the causes stated obove, (1) (we) (did) (did not) view the body ofter death

22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME LITYPE OR PRINT 22e ADDRESS

aVIS 560 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Sept. 6, 1985

William Watters Met Ch CEM Jamettsville, Hamford Co Burial 50 W. Broadway & Williams St 250, DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR Himm Foster

DHMH - 16 60M 7/84 (VRA 15, 4)

who whicher

FOR

REGISTRAR

PEWAJE

MAryland

O BIRTHPLACE (STATE OF FOREIGN

MALL

4. RACE

DECEASED NAME

- STATE

(TYPE OR PRINT)

3 SEX

13a STATE

CERTIFICATION

MEDICAL

prior

Mental Hygi

should be deto with the State IMPORTANT: I

FUNERAL

00

or

4. FATHER'S NAME

BH Air, Maryland 2101X

CITY OR TOWN

COUNTY

NO T

STATE

CHE BOYS The Production of the World State of the Sta the second of the second the production of the producti the second of the second of the second of

# 264027 erely tilled in by the furtheat director, page 3 12 should be filed within 72 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

[14)	PE OR PRINT)			AIDDLE	,	LAST	20 DATE OF DEATH	MONIH D	AY YEAR	ZU. LICONA
		Idella	. NMI	N	Mai	rtiu		Supt 4	- 1985	26. HOUR
3. SE	EX	[4]	RACE		5. DATE C	OF 8IRTH	6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 241
	Feno		whit.	Will be let	MONTH				ONTHS DAYS	HOURS A
150	BIRTHPLACE (STATE		While	WILLY COLUMNS	MARC	CH 17, 1899	86	YRS		
7 0.0	COUNTRY)	OR FOREIGN /	CITIZEN OF V	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	E COUNTY	OF DEATH	1
_	NEW YORK		USA		WIDOWE	ED DIVORCED	The same of the sa	H	artoro	1
10. 0	CITY OR TOWN OF	DEATH 1		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS
2016	wre de Gu	ACE !	VIV AX	d Henr	16	1-050	TYPE OF WORK FOR MOST OF HOMEMAKER	OF WORKING LIFE)	INDUSTRY	
		URSING HOME OF OT		GIVE RESIDENCE BEFORE	ADMISSION)				1	
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1				WARD		MARGARET			?	
	WAS DECEASED EV		ED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRI	ESS		
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	THE CAUSE OF DE	ATH (Enter Felix		line for (a), (b), and						MATE INTERVAL
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ATION			nditions <u>co</u>		EATH BUT	LESTE CEL NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	5
IFICATION	PART 2 OTHER S	GNIFICANT CO	nditions <u>co</u>	UN HUU DINTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED OF DEATH?
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DHMH - 16 60M 7/84 (VRA 15, 4)

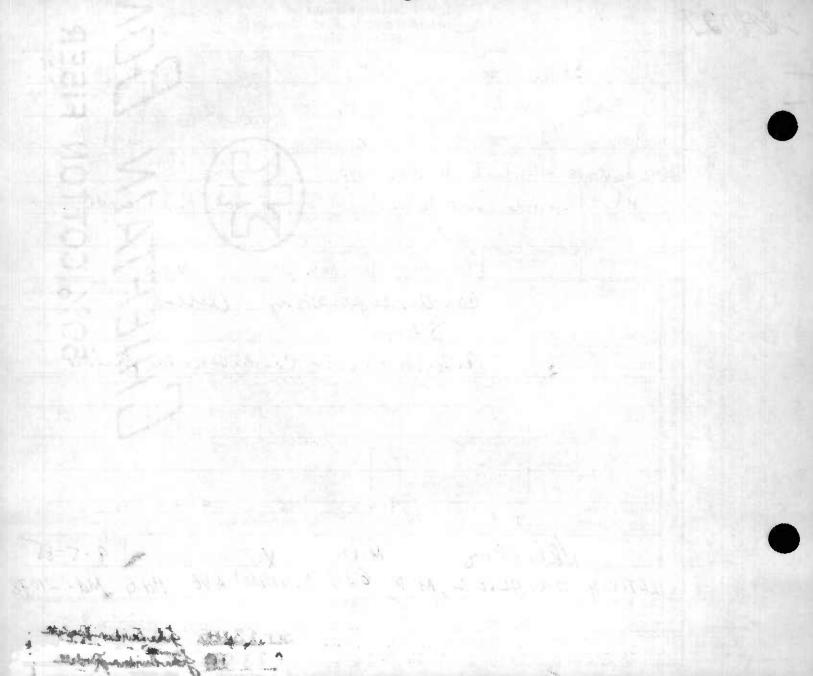
should be detached for use as the buriol-transit permit. Then please remave a with the State Dept. of Heolth and Mentol Hygiene priar ta buriol, cremotion. TO FUNERAL DIRECTOR: After this certificate has been signed by the

ATTENDING PHYSICIAN: The law

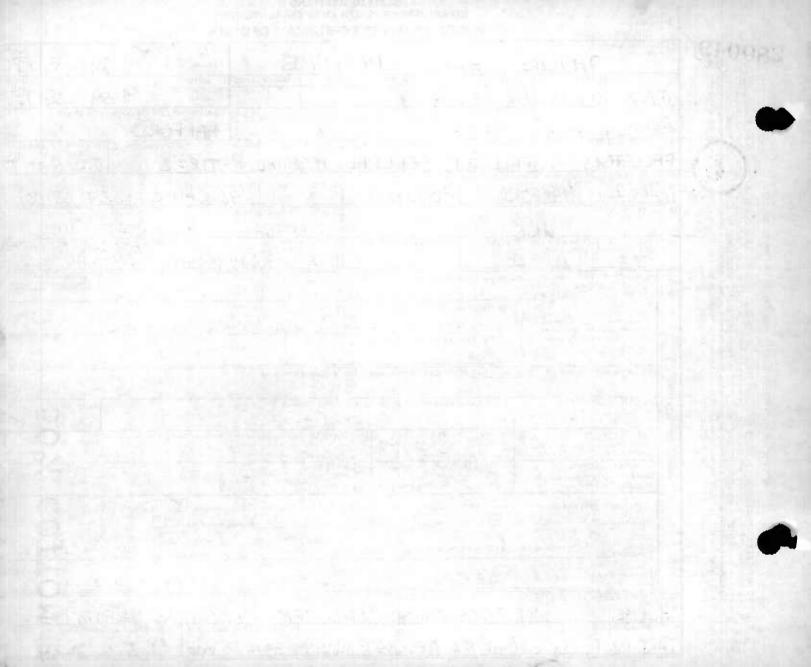
TO HOSPITAL

retained by the haspital or attending physician

24 FUNERAL DIRECTOR BRONSON + SON FUNERAL HOME, MILLTOWN, N.J. MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078



	100				TE OF MARYLAND			
	12	FOR STATE			HEALTH AND MENT		0 6	0 0 1
		REGISTRAR	ME	DICAL EXAMIN	ER'S CERTIFICAT	E OF DEATH	REG. NO.	0
2000491		CEASED NAME FIRST		MIDDLE	LAST	2a. DATE	KNOWN MONTH	DAY YEAR 26 HOUR
78003	(14)	THOMAS	SE	ARL 1	10 CLUNE	. OF	MATED 9	19 1, 85 75%
PLEA:	3. SE	4. RACE	DATE OF BIRTH	6. AGE (IN YEA	RS IF UNDER 1 YR. IF UN	IDER 24 HRS. 2c DATE	MONTH	DAY YEAR 2d HOUR
S. H. S. H.	M	ALE WHITE	APRIL 2	1894 9/ YR	MONTH DATE		ICED 9 6	29 1.85 754
28 E E E E	7a. B	IRTHPLACE (STATE OR	b. CITIZEN OF W	14	8	9. BALTIM	ORE CITY OR COUNT	
A SECOND	P	ENNS YLVANIA	4.5	. A.		ORCED - HAR	PORD	MD.
27022	10. C	TY OR TOWN OF DEATH	1. NAME OF HOS	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUP	PATION (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
TO ROY	1-1	ALLSTON	FHLL SIC	ON GENE	RAL HOSPIT	TALL RETIR	43	U.S. GOV'T.
E 3/3,967/C	13a. S	AL RESIDENCE (IF IN NURSING HOME OR I	THER INSTITUTION, GI	13CACLTY OR TOWN	1 13d. INSIDE CITY LIMIT	15? 13e.,STREET ADDRE	ss	1
BALTIMORE, MD. 21201 RS AFTER DEATH. IF ANY GIVE FACES 1, 2, ANY WITH FGOW, PM. 3, HITH WITH SEATH	M	ARYLAND HARF	ORD	ABERDEE	YES MO		IWSTREE	ET /21001
Q # 77 /	14. F	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S M	AIDEN NAME	IDDLE	LAST
T SE SE		UN.	1K		MART	THA N	TINERVA	UNK
MOI WAY	16a. \	VAS DECEASED EVER IN U.S. ARME	D FORCES?	166. SOCIAL SECURITY	NO. 17. INFORMANT		ADDRESS 508 C	LAYTON ROAD
ALTIM S. ALTI GONE P. VISION		YES WW	I		MRS. DA	LECOCKERH	ADDRES 3508 C	DUNAE, MD
		18. CAUSE OF DEATH (Enter only	one couse per line	e for (o), (b), ond (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., D WITHIN 24 HOI ENCIL BH ITEM 18 WHIEFE ALDING TRANSIT PERMIT ENTAL HYGIENE, REMOVAL.		PART I DEATH WAS CAUSED I	Y: CAUSE (a)	ORONAMY	ARTERY	Discose		BETWEEN ONSET AND DEATH
TOP AND A STATE OF THE STATE OF				AS A CONSEQUENCE C				
RES NASH DE P		Canditians, if any, which	1 a. A	aTEMIO SC	cenoric co	edus vor. 1	as diver	ONE HOUR.
W. W. ENG.		gave rise to immediate cause (a) stating the under-		AS A CONSEQUENCE C		COUNTY OF COUNTY	21,3016	
E #425442		lying cause lost.	(c)					
		PART 2 OTHER SIGNIFICANT CONDITIONS CO		BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN	IN PART 1 (g).		
FALRECORDS, : HOULD BE EXEC BD. 'PENDING HIFF MED CAL USED AS OF HEALTH ANI OL CREMATION	NO							
ALREC HOULD I O "PEN HIEF M HIEF M HIEF M HIEF M HIEF M	A	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERA	ATION WAS PERFORMED?			20. AUTOPSY?
<b>▼</b> ○○ → → □	MEDICAL CERTIFICATION	17/2			N/A.			YES NO M
ON OF VITA FICATE SHC THE WORD O THE CH OULD BE U RIMENT OF	CER	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR PAR	
DIVISION OF VIT. S. CERTIFICATE SH RITING THE WORR RDED TO THE CF FE 3 SHOULD BE L E DEPARTMENT O	AL	UNDERLYING OR IN Q		A. MONTH DAY YEAR	N/A			
VISIGN CERT	ED	21d. INJURY OCCURRED	21e PLACE C	OF INJURY (AT HOME,	211. LOCATION	. /.		
DIN HIS C WRIT VARDI AGE :	2	WHILE NOT WHILE O	STREET, FACT	TORY DARM, ETC.)	STREET	M/A CITY OR TOW	VN COU	NTY STATE
TE, TE, TE, ST, ST, ST, ST, ST, ST, ST, ST, ST, ST	110	22a. I certify that I took charge	of the remains des	scribed above held on	Autopsy . Inspe	ection I, Inquiry	ond in my opi	
ZO DES		death resulted from: Natural			ide . Homicide	Undetermined ma		nion
EXAMI CERTIF CULD BE DIRECT			^	1	TITLE (SPECIFY		miei L.	
ICAL EXA SHOULD ERAL DIRE EATH, WIT RE, MARYI	1	ACTUAL SIGNATURE	uln	hhm	M.D.		DATE	9.2985.
SH S			^		M.D	MEDICAL EXAM	INER SIGNED	,
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M.		EXAMINER'S NAME 9 - S	. PLA.	SHU	ADDRESS2	OO MILTON	AV MD	21047.
PACT AFT	23a.B	JRIAL, CREMATION, REMOVAL 236.	DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION		
BP	B	URAL O	T. 2.198	5 SMITH'S 1	HAPEL CEM	CHÜRNHY	ILLE HAPE	DRA MIN
DHMH - 17	24. FI	JNERAL DIRECTOR		₹.	250. DA	TE REC'D. BY REGISTRA	256. REGISTRAR'S SI	GNATURE
(VR A15 ME (5)) 15M 7/77	TH	RRING FLINGPA	HAME !	LA ABERNA	ELIMNZINDI-7	0377 2 1005	Selia Kin	. 70
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be south		OR RRINT)	Gnar.	,	VI Lak i	1	M-1		2a. DATE OF D	DEATH MON	TH DAY Y	EAR 26 HO	DUR Du A
poge 3	3. SE.	70	ARRY	CF.	117Chel	5. DATE O	F BIRTH	n	6 AGE LINYEA	RS LAST BIRTHDA	Y) IF UNDER	LYEAR IF UND	ER 23 HRS
offe		Male.		Whi	te	MONTH	DAY	YEAR	82		MONTHS	BATS HOURS	MIN.
43 (1)	7a BI	RTHPLACE (STATE OF F	OREIGN 7b. CIT	TIZEN OF V	VHAT COUNTRY?	8		-	- 4	E CITY OR CO	OUNTY OF DEA	TH	
100	El	k Creek, Vi	rginia	USA		WIDOWE	NEVER MAR	RCED	HAR	FORI	)		MD
11 60	10. C	TY OR TOWN OF DEA			OSPITAL, NURSING		ROTHER INSTITU	MOIT	12a USUAL OC			IND OF BUSIN	
11 /	F	ALHSTON		FAL	ISTON	GEN	ERAL	HOSPI		rmer		ry-Bee	f
重的	Mar	AL RESIDENCE (# NURS) STATE Yland	Harford	nostrution of	Bel Air	ADMISSION)	134 INSIDE CITY	LIMITS?	13e STREET AC 221	DRESS / ZIF	Street	210	14
1	14 FA	THER'S NAME	MIDDLE		LAST		15. MOTHER'S M			MIDDLE		LAST	123
44/2/4	_	John			McLean		Pearl				Во	ume	200
Poges, medica		VAS DECEASED EVER	IN U.S. ARMED F		166 SOCIAL SECUR		17 INFORMANT			ADDRESS			014
		no			218-14-8		Doris M.	Lant	nier, 2	ZI EWI			
physicia on papers. emavol. event, the		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED BY:				Pulman		Accept		BET	PPROXIMATE INT	ND DEATH
			IMMEDIATE CAU		AS A CONSEQUE			0-7	1100 01				
artena ave co frion,		Conditions, if ony,	which	(b)	AS A CONSEQUE	INCE OF	16-163		1500				
rem remo		gove rise to imm couse (a), stating	g the D	UE TO, OR	AS A CONSEQUE	NCE OF							
please urial, a		underlying couse	lost.	(c)									
Then pl ta burn injury, a	Z	PART 2 OTHER SIGN	Ω.	1		1300		THE TERMI	NAL DISEASE (	OR CONDITIO	ON GIVEN IN PA	RT 10	
prior ony in	CERTIFICATION	19a. DATE OF OPERAT		9b. CONDIT	TON FOR WHICH	22.0	WAS PERFORM	ED	200 AUTOP		. IF YES, WERE F	INDINGS US	ED
w se	TE								YES -	VO	CERTIFYING CA	NO NO	
Transit Hygie 18 sho		210, ACCIDENT WAS UND	Second .	16. TIME OF HOUR A.M	INJURY A. MONTH DA	Y YEAR	21c HOW INJUR	RY OCCURR	ED (ENTER NATU	RE OF INJURY IN I	ITEM 18 PART I OR PA	RT 2)	
Mental ar Item	MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P.N		19	211 LOCATION	71					
ond	MED	21d. INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	1.4	le PLACE C AT HOME STRE	ET, FACTORY, OFFICE, FA	RM ETC )	STREET			CITY OR TOWN	COUN	ITY	STATE
Z J C X		220.1 certify that (I)		- 1 -		21		19 SI	, to	7/10	1985	-	(we) lost
d for d for n. of t		sow the decease obove. (1) we) (d	id) (did no) view	the body o	ofter death.		eGREE	ir) opinion d	eoth occurred	on the dote o			
RAL DIREC detoched ote Dept. VT. If Item		De.	ech	ile	u	N		ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	_	DATE SIGNED	
A Sie	1	22d. PHYSICIAN'S NA					22e ADDRESS	0 0 1		0-0	1.	10-11 2	
should be det with the Stote		DAVID	11.	Clive	, ,		1131 1	الم الدخ	ir No		Air	1107	101
	1	URIAL, CREMATION, I		DATE			METERY OR CRE		23d LOCATI	NWOT	COUNTY	102	STATE
		Burial	Sep	t.20,	1982   Be	LAIR	Memorial	. Gard	ens, Be	I Air	Harfo	rd 1	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

Sept. 20, 1985 BelAir Memorial Gardens Harford reha Davidson Randese

Md 21014

Md.

Items 18-22a 11/7/85 mtb F#609 STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 274033 REGISTRAR DECEASED NAME 20. DATE KNOWN V DAY (TYPE OR PRINT) OF ESTI-SARY, PLEASE AL DIRECTOR. YOUR FILES. DEATH MATED Rebecca Marie Molinar 3. SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED July 12 1985 Female White DEAD TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland DIVORCED Harford County 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK TIZE KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Fallston Fallston General Hospital Dependent BALTIMORE, MD, 21201 134. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Harford Whitehall YES [ 5107 Carea Road 21161 NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Theil Michael L. Molinar Nancy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 21161 IYES, NO, OR UNKNOWN) Nancy Molinar, 5107 Carea Rd. Whitehall Md None No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AL-TRANSIT PERMIT MENTAL HYGIENE ON, OR REMOVAL PART I DEATH WAS CAUSED BY Sudden infant death syndrome IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id BE USED AS A BINT OF HEALTH A BURIAL, CREWA CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO X HOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRI PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMPRE, MARYLAND, 2120 |X|22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 9/25/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Baltimore Maryland RP/ 336 Holy Redeemer Cemetery Sep 28 1985 Burial 07/84 25M 24 FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryland Julia Davidson (VR A15 ME (5))

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Furnel Sep 20 1989 wholy decemen Commeter,

STOP JUST East 20161

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(VRA 15, 4)

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STATE OF MARYLAND 253086 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENEO - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 26. HOUR TYPE OR PRINTS 2 KAtie 83 6.20 AM 1 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH YEAR 908 FEMALE MARCH To. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED AROLINA DIVORCED WIDOWED 🔀 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY DF WORK FOR MOST OF WORKING LIFE! HONGHAKER HONIE NUISING 13e,STREET ADDRESS / ZIP CODE HARFORD HAVRE DEGENCE N.UNION AVENUE FATHERS NAME 15. MOTHER'S MAIDEN NAME BROGLEN 10MAS ONROE DETER TTIE 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO I YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST ATRICIA DAHOU APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse pin PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0 Conditions, if any, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO | 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETG NOT WHILE WHILE AT WORK 22a 1 certify that (1) (this hospital) attended title deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 726 SIGNATURE DEGREE ATTENDING: PHYSICIAN | PHYSICIAN : hould be d PHYSICIAN'S NAME LIVE OFFINE 27s. ADDI 230 BURIAL, CREMATION, REMOVAL 23b. DATE BELAIR MEM, GA DHMH - 16 50M 4/83 ARRING FUNGRAL HOME, P.A. ABERDEEN, MO. 3399 (VRA 15, 4)

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3		REGISTRAR			DICAL EXAMI		CERTIFICATE	OF DEATH	REG."N	10.	, ,	,
9			KA KO	ONRAD	GEORGE P		NN		ATE KNOWN   DF ESTI- ATH MATED	MONTH 9	2 19 29	2b. HOUR
N STREET	3. SE	M 4 RAC	W	ATE OF BIRTH	YEAR LAST BIRT	YEARS IF UN HDAY) MONT	DER 1 YR. IF UND	MIN. PRON	DATE NOUNCED DEAD	MONTH 4	Z Z J	2d HOUR
in		REIGN COUNTRY)  Germany			AT COUNTRY?	8. MARR WIDOW	IED NEVER MA	RRIED 7. BA	HUR.	OR COUNT		MD
0	10. CI	-all for			PITAL, NURSING HO		HER INSTITUTION  4 (102	Tool	CCUPATION (TO F WORKING LIFE) & Die	make	OR INDUST	RY
36		TATE MA	136. COUNTY	ER INSTITUTION, GIV	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS	13e. STREET AI	perahe	ove	2101	gh
El	14. F/	ATHER'S NAME FIRST		NOWN)	LAST		15. MOTHER'S MA	IDEN NAME	IKNOWN)		LAST	
/	16a. V (Y	VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	IN U.S. ARMED I	FORCES?	166. SOCIAL SECUE		Rosa E.	Bel A Pfann,	713 C	ounti	1014 cy Vil:	Dr. lage
/		18. CAUSE OF DEAT PART I DEATH W	AS CAUSED BY:	USE (o)	far (o), (b), and (c).)	E OF	VARY	Hear	f Det	loll	APPROXIMAT BETWEEN ONSE	E INTERVAL T ANO DEATH
ON MEMO		Conditions, if a gove rise to couse (a) stating lying couse last.	immediate the <u>under-</u>	(b)	AS A CONSEQUENC		2500.	y				
100	NO	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTR	BUTING TO DEATH 8	UT NOT RELATED TO THE TI	RMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a).				
7	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?			-	20. AUTOPSY	, NO 🗆
3	110000	21a. EXTERNAL CAU UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M. P.M.	MONTH DAY YE	AR 21c. He	OW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM ?	8 PART 1 OR PAR		
	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W			OF INJURY   AT HOME, ORY, FARM, ETC.)		CATION	CITY	OR TOWN	cou	INTY	STATE
		deoth resulted from			Accident ,	Autop Suicide	Homicide _	Undetermine	ed monner	and in my op		
BALTIMORE, MARY	and the same of th	EXAMINER'S NAME (TYPE OR PRINT)	Lus	E 7	Zenyt-L		Defe ADDRESS 46	4 alle	EXAMINER	DATE	Jole Go	an
140	23a.B	URIAL, CREMATION, R SPECIFY) Buraal			23t. NAME OF C		R CREMATORY	23d. LOCATION	ille,	COUN	TY S'	TATE
7 (5))		DEERTE CO. 009 Harfo	ALTENB	URG FL	NERAL HO	OME, 212.	INC . 250. DAT	P 6 100		SISTRAR'S SI		)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	0	Con.	0	8
3	2	2	7	0

į		REGISTRAR				CERTIF	ICATE OF DEATH	1	REG	NO.		
		CEASED NAME	FIRST	A	AIDDLE	Ö	AST	1	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
			1 1	ARET	Louise	0'	LGRIM			7	7 85	900
	3. SEX		4	I. RACE		5. DATE O		6	AGE (IN YEARS LAS	SIRTHDAY)	MONTHS DAYS	
-		Female		Whit	te	11	12 1910		74	YRS		
7	7a. BI	RTHPLACE (STATE OR FOR	REIGN 7	CITIZEN OF	WHAT COUNTR	Y? 8.	NEVER MARRIE	9	BALTIMORE CIT	OR COUN	TY OF DEATH	
1		ttsburgh, Pa		U. S.	A.	WIDOWE			1	TAR	FORL	) ME
-	10 CI	TY OR TOWN OF DEATI		1. NAME OF H	HOSPITAL, NURS	SING HOME (	OR OTHER INSTITUTIO		20. USUAL OCCUP	ST OF WORKING	LIFE) INDUSTR	OF BUSINESS OR
		11ston AL RESIDENCE (IF NURSING	C HOME OR C	1-/-	4115701		1 402 b		Home m	aker	Home	
-	13a S	TATE 1:	Harf	ſΥ	Bel Air	NWC	13d. INSIDE CITY LIM YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc		1005 Wake			21014
	14 FA	THER'S NAME		IDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDE			
1	M.	James	J.		Donough	1	Elizab	oeth	MIDDE		Ad	lams
		VAS DECEASED EVER IN			166 SOCIAL SE	CURITY NO.	17 INFORMANT		AD	DRESS 10	05 Wake	ly Circl
	n		(IF YES, GIVE	WAR OR DATES)	206-07-	6399	Mr. John	F.	Pilgrim,	Bel A		
		18 CAUSE OF DEATH	Enter only	one couse per	line for (a /b)	adicio (	Clare				BETWEET	XIMATE INTERVAL
		PART I. DEATH WAS		CAUSE (a)	0	pe	count				14	nas
		1750			R AS A CONSEC	DUBNICENCE.	10					
		Conditions, if any, v	which	(b)		4JC	11)					
		gave rise to imme cause (a), stating		DUE TO OF	R AS A CONSEC	DUENCE OF		100				
		underlying cause	last.	( (c)								
		PART 2. OTHER SIGNIF	ICANT CO	ONDITIONS CO	NTRIBUTING TO	O DEATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR CO	DNDITION	GIVEN IN PART	10
,	ō											
	CERTIFICATION	190 DATE OF OPERATIO	NC	196 CONDI	LION FOR WHIC	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		ES, WERE FIND	
beril	E								YES NO		YES	NO [
1	CER	21a. ACCIDENT WAS UNDER	Land	21b. TIME OF	F INJURY	DAY VEAD	21c. HOW INJURY O	CCURRE	ENTER NATURE OF	NIDRY IN ITEM I	8 PART I OR PART 21	
	AL	OR CONTRIBUTING CAR		P.A		19						
	MEDICAL	21d. INJURY OCCURRE	D	21e PLACE C	OF INJURY		211 LOCATION		CITYO	NWOT	COUNTY	STATE
	×	WHILE NOT WHILE		(A) HOME, SIKI	EET, FACTORY, OFFIC	E, FARM, ETC. J	Since					91112
		22a.1 certify that (I) (t	his haspita	il) attended the	deceased from	n	. 19_		, ta		_, 19	, that (I) (we) last
		saw the deceased abave, (I) (we) (did	alive on_	view the body	after death.	, or	nd that in (my) (our) a	pinion de	ath occurred on th	e date and h	our and from th	ne couses stated
		22b SIGNAT ITT	15	7 1	)		DEGREE				22c. DAT	SIGNED
		00	my L	Var,	m		ATTEND PHYSIC	IAN	MEDICAL S	TAFF SICIAN [	9/	10/85
		224 PHYSICIAN'S NAM	E (TYPE OR		10		22e. ADDRESS					
			5 V	AJSH	410		Roc	ck Sp	ring Rd.	Fores	t Hill,	Md.
	23a. B	URIAL, CREMATION, RE	MOVAL	236. DATE		NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION		- 000000	
	- 1	Burial.		Sept.1	3.1.985	Belair	Mem. Gard	dens	Bel Ai	r Har	ford	Md. STATE

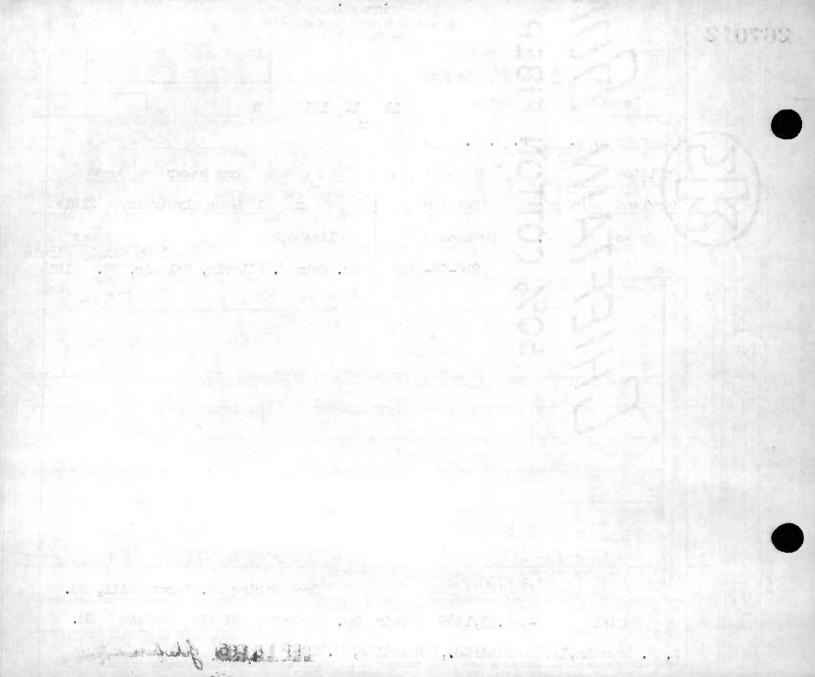
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 2

24 FUNERAL DIRECTOR E. F. Lassahn, 11750 BelairRd Kingsville, Md. 21857

Burial

Sept.13,1985 Belair Mem. Gardens Bel Air Harf ord



276062

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO

26 HOUR 650

KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH

NO I

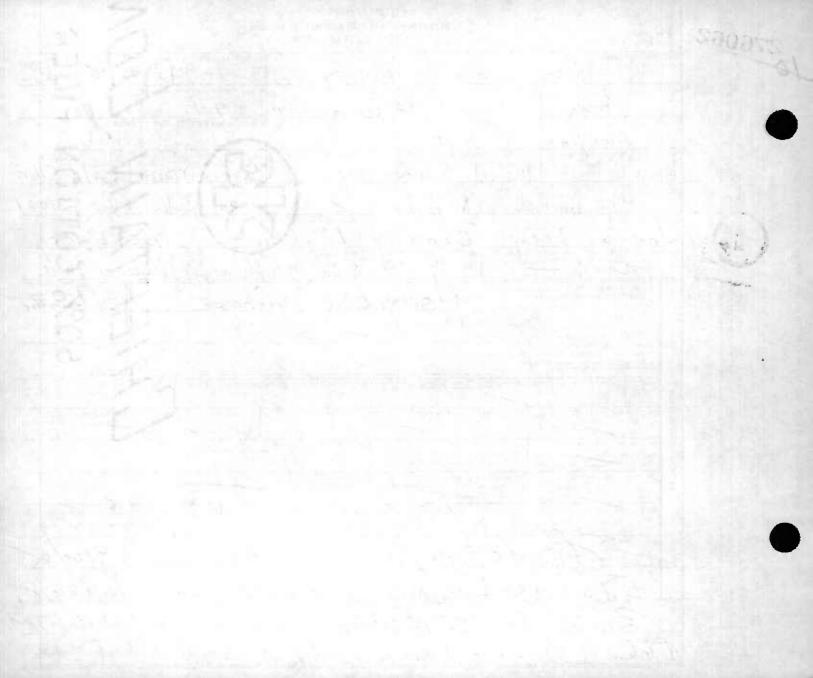
STATE

COUNTY

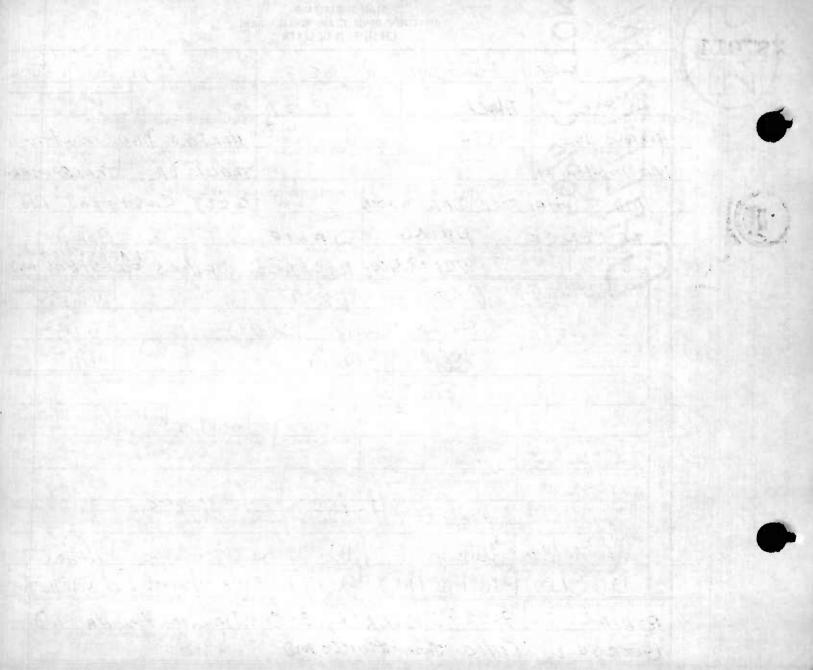
771 DATE TIGNED

IF UNDER 1 YEAR

INDUSTRY



	1	500	STATE OF MARYLAND	
	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENS 5 2	901
287014	1. DE	CEASED NAME . FIRST	REG. NO.  MIDDLE LAST RODATE OF DEATH MONTH.	DAY J YEAR 26. HOUR
noy be poge 3		ORPRINT) HARR	1-11	9/80/30/2
4 moy for, poor	3 SE	mate	A RACE  5. DATE OF BIRTH  MONTH  OAY  YEAR  6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
direction (a)	7n B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNT	Y OF DEATH
de merol marza h.	, 0	nford md	USA WIDOWED DIVORCED HARFORD DA	a (in atowno.
1 1 1 Q Q	10. €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
not held	DA	Rlinb-ton MI	TRUCK DR	TRANSPORTATE
13 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	USU.	AL RESIDENCE   IF NURSING HOME OF		totow Rd
sk 2 sh	14. F/	THER'S NAME	15 MOTHER'S MAIDEN NAME	12 / 000 / 02
Do o	1	AWRENCE		BonD
IMORE or exec	16a V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS REWARD ADDRESS POWER OF THE PROPERTY	sackspring-Re
T., BALT ifficote by physicia movol. vent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		BETWEEN ONSET AND DEATH
ON S		IMMEDIA	DUE TO OR AS A CONSEQUENCE OF A COLLE	
RESTOI e deoth move co notion, o	8	Conditions, if ony, which gove rise to immediate	1 Haper tengine 1501)	114123
on W. i that the d by the lease re iol, cren		couse (o), stating the underlying couse lost	DUE TO OR MAJONISTOUENCEOFS ()	11413
RDS, 20	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GO	VEN IN PART 110
L RECOIL  The low rate low rate permit.  The permit can be permit.	CERTIFICATION	19a DATE OF OPERATION	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
JAN: The Introduce hos Introdu	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY 216. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18.	
ON OF IYSICIA ding ph s certifi buriol-tr Mental	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 19	
DIVISION OF NG PHYSICIA of the this certification of the buriol-th of the buriol-th on the buriol-th on the deet of them	MEDICAL	21d. INJURY OCCURRED  WHILE DOT WHILE DAT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET CITY OR TOWN	COUNTY STATE
B S S S S S S S S S S S S S S S S S S S			tol) ottended the degreesed from \$13.15.19	19, that (I) (we) lost
R ATTEND hospital or RECTOR: A hed for use apt. of Hean 21 is m	100	sow the deceased alive or	4/+ 19, and that in (my) (our) opinion death occurred on the date and ha	
Don the fitter	1	1990 SIGNATURE	DEGREE ATTENDING MEDICAL STAFF	22c DATE SIGNED
TA NA Stote	-	222 PHYSICIAN'S NAME (TYPE O	PHYSICIAN DIRECTOR PHYSICIAN	1/20/51
TO HOSPITAL TO FUNERA should be de with the Stoti		DUDLE	1 Phillips MI) 2017 1Rtppe Church 1	Rd DARlington?
5 € 5 4 3 <del>5 4</del>	230	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN	COUNTY STATE
BP	L.	RURIAL	9-23-5 BURK (OV CH CEM DAR (ING)	HA MD
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR	7 HHOS ADDRESS OF THE CHICKE NO OF TO THE FUND OF THE STREET ADDRESS OF THE CHICKEN NO. 15 TO THE TOTAL OF THE STREET OF THE STR	TRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

1	-	FOR STATE REGISTRAR	
D	Er	EASEP MAA	

# STATE OF MARYLAND

EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE 🙊
CEI	RTIFICATE	OF DEATH	

2	5	9	9	U
Gran	-	8		9

SEP 1 8 1985 Wha Davidson Rondale

	I DE	CEASED NAME 1981	d)	AHDDLE	- 10	124		In DATE OF	DEATH MONTH	9 DAY	YEAR	In HOU	W _
1	CLASS	Pra Pra	ncene		Pri	Its	1-74		9	9	85	4	AM
Н	1. SE		4. RACE		S. DATE O		The state of the s	AGE IN YE	ARS LAST BRINDATI	Section 1	CENTYEAR	PUNDER	20.775-21
		female	whit		11	3	03		81	res HONT	6 003	HOURS	NAME:
		RIMPLACE ASSAULDERORIO		WHAT COUNTRY?	1	67	-	BALTIMOR	E CITY OR CO	100	DEATH		
1		MD.	US		WIDOWE	0 4 0	MARRIED U	Harf	brd				MD
0		ure de Grace		MOSPITAL NURSIN	ADDRESS)	ROTHER INS	al	INTERNATION AND DESIGNATIONS	CCUPATION IGENOSTOFWORK Lred	NO INC.	Teac		55 CW
2	#3a, 5	MD. H	arford	lactive de		134. INSIDE I	NO []	Citize	ons Nur			N.	1
1)	111111111111111111111111111111111111111	Maurice	#4DOTE	Rebinet	tte		S MAIDEN NAM THAT	NE.	WOOLE		4.61		
П	13		S. ARMED FORCES? ES. GNE WAR OF BAILES!	16h SOCIAL SECU		17. INFORM			ADDRESS		Tille.	12	18
	1	no		214- 54-	-7091	John	Pritts	P. 02 F	30x 886	Devo	a. PA	193	33
	NOI	Conditions. If any, which gove rise to immedia course last stangs it underlying course for PART 2 OTHER SIGNIFIC.	be DUE TO, C	KALL	ma	NOT RELATE	D TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN I	N PART 116	a-	
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	ITION FOR WHICH	OPERATION	WAS PERF	DRMED	200 AUTOR	PSY?   20b.   IN C	IF YES, WE ERTIFYING YES	RE FINDING CAUSES	OF DEA	TH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	110110 4	OF INJURY .M. MONTH D.	AY YEAR	21c. HOW II	NJURY OCCURRI	ED (ENTER NATI	URE OF INJURY IN ITE	M IS PART I	OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EX		.M.	19								
	MEC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC )	211. LOCATI	I		CITY OR TOWN		COUNTY		STATE
		22a.1 certify that (1) (this sow the decreased oli obove, (1) (xe) (did) (c	ve on	19		d that in (my	, 19 <u>%5</u> ) (our) opinion d	, to eoth occurred	on the date on	d hour one		that (1) (	
1		22b. SIGNATURE	201	Jun	m	DEGREE	ATTENDING BHISICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		The garty	7/J	9
		SOU .	N D	lun		1724 ACIDHY	am	e de	e gr	ref	1, 7.	not	,
	23a. B	BURIAL, CREMATION, REMO	OVAL 236 DATE	23c I	NAME OF CE	EMETERY OR	CREMATORY	23d LOCAT	RIOWN	ro	INTY		STATE
	-	Burial	9-12-	85 Ha	rford	Mem.	Gardens	Aldi	no I	larfo		Md	•
	24 FL	JNERAL DIRECTOR					250. DATE	REC'D. BY RE	GISTRAR 255 R	EGISTRAR'	SSIGNAT	URE .	

HdG. MD.

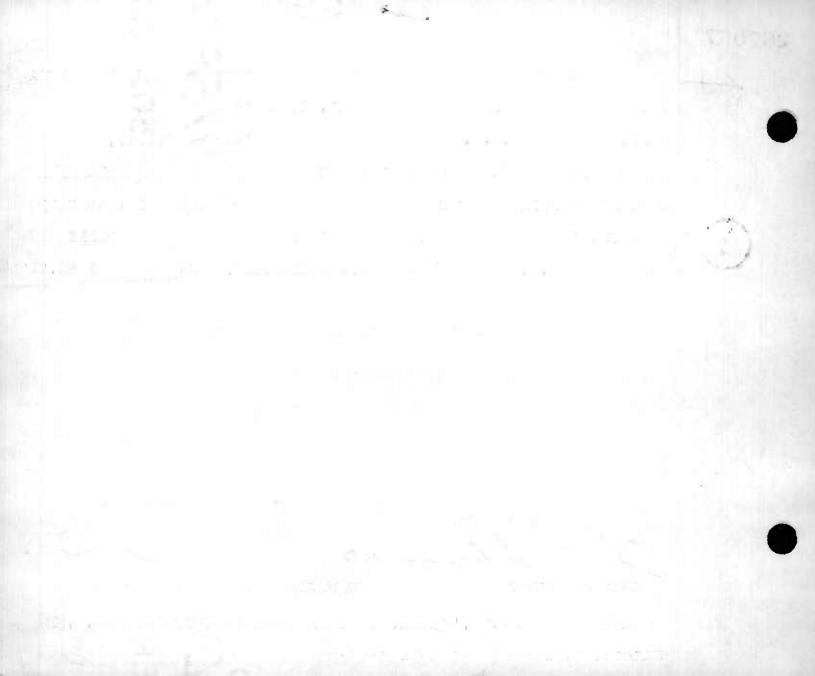
DHMH - 16 60M 7/B4 (VRA 15, 4)

Arnold W. Beard 353 Fountain St.

SE1011035 1 - E X object the second of the secon Toron promite X governors and the + 01111 Barron Co. 21- - 1 0 1 5 0 0 cvon. 1) 3

erici Tribul b. Tribul 3, 3 comount to. Col. M.

1 L. O L'1



263079	1.	FOR - STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL H CICATE OF DEATH	9 9	2 g. No.	5 9	9 2
- n-e	JTYP	CEASED NAME E OR PRINT)	L) El	i R	Roger	Re	-EBeedy	20. DATE OF DEAT	TH MONTH	DAY YEAR	2b. HOUR
	3 SE	Male		RACE Whit	e	Apri.		6 AGE (IN YEARS LA	ST BIRTHDAY)  OF YRS.	MONTHS DAYS	IF UNDER 24 H
	Ro	IRTHPLACE (STATE OR F COUNTRY) CKS, Md.		b CITIZEN OF USA	WHAT COUNTRY	? 8. MARRIE WIDOWE	D X NEVER MARRIED DIVORCED	9 BALTIMORECI	RD C	OUNTY	,
The state of the s	F	ALLSTON		FALLS	TON G	TADDRESS)	NOSP.	120 USUAL OCCU ITYPE OF WORK FOR M Inspecto			ay Der
24 had 29	130	AL RESIDENCE (IF NURS STATE Aryland	136 COUNT	TY _	GIVE RESIDENCE BEFO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRE			210
100/00	14. F.	ATHER'S NAME FIRST  Eli		eveland	LAST Reed	V	15 MOTHER'S MAIDEN N FIRST. Rebecca	Ja:	LE	Jon	es
Poges of		WAS DECEASED EVER YES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	213-20-8		Mrs Dorothy		DDRESS Bel 210 Ric	Air, Mo	210
is that the death certificated by the attending in the lease remove carterinated to its cemation, or removed or other troumatic event.		Conditions, if ony, gave rise to imm couse (a), stotin underlying cause	which nediate g the last.	DUE TO, O  (b)  DUE TO, O	r as a consequ	JENCE OF	Mass Mass	anest ive fin langed 1	low?	mboli	MATE INTERVAL
requires	TION			12	VM	DI	NOT RELATED TO THE TER				
The law cron.  e has be a sit permi	CERTIFICATION	19a DATE OF OPERAT				H OPERATIO	n was performed	206 AUTOPŠÝ? YES □ NO[	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	OF DEATH?
G PHYSICIAN: T cattificate sithe buriol-transition Amental Hygin and Mental Hygin ked or them 18 sh	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CO JIF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK	AUSE OF DEATH	P 21e PLACE	m. month [ m.	19	211 LOCATION		OR TOWN	PART I OR PART 2}	STATE
OK ATTENDIN e haspitol or of DIRECTOR: Aft sched for use of Dept. of Health f them 21 is mar		220.1 certify that (1) saw the decease abave, (1) (we) (d 22b. SIGNATURE	(this hospita	911	16/ 19		nd that in (my) (aur) apinia				
O HOSPITAL  O FUNERAL  Hould be deto  with the State  MPORTANT: H		22d PHYSICIAN'S NA	AME ITYPE OR	NAI	RM.	D 11	ATTENDING PHYSICIAN TO ADDRESS	DIRECTOR   PH	ROPO)	, Pall	sh M
F 5 P 5 > 3	730 1	RIIDIAI CDEMATIONI	DEMOVAL	225 DATE	72.	NIAME OF C	EMETERY OR CREMATOR	124 LOCATION			

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Rel Air Memorial Gardens B urial 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

176. KIND OF BUSINESS OR Highway Dept.

Jones Air, Md. 21014

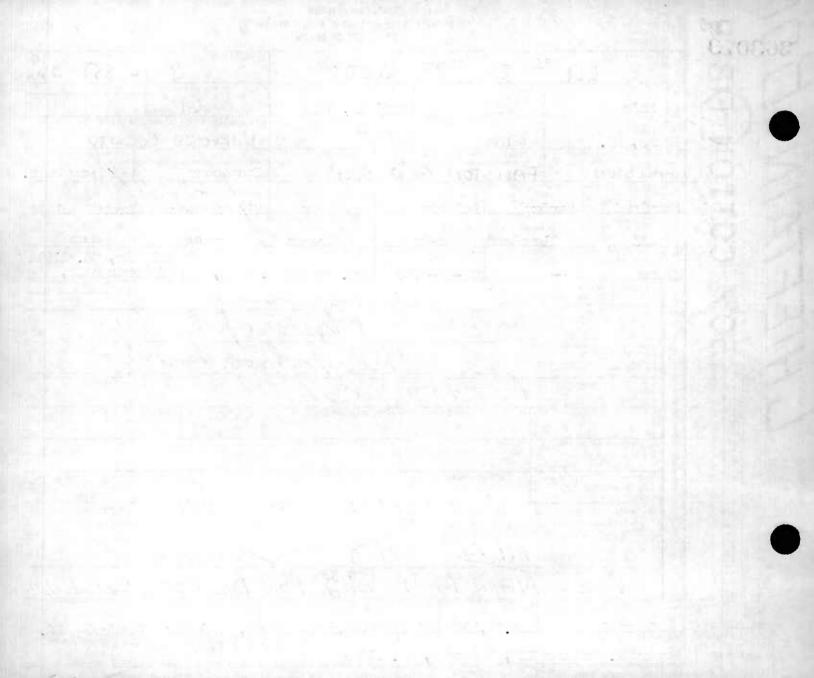
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21014

STATE

that (1) (we) last

DHMH - 16 60M 7/84 (VRA 15, 4)



264044

	FOR	STATE OF MAR DEPARTMENT OF HEALTH A		25993
	- STATE REGISTRAR	CERTIFICATE C	OF DEATH REG.	NO.
	I. DECEASED NAME FIRST	MIDDLE LAST	2a. DATE OF DEATH	
	(TYPE OR PRINT) HEATY	Scott Robinson	, Jr.	9-6-85308
	3 SEX 4 RAC		6 AGE (IN YEARS LAST	
	inste. D	LACK Feb. 7	7 1914 71	MONTHS DAYS HOURS MIN.
1	7a. BIRTHPLACE (STATE OR FOREIGN 7b CIT)	TITENLOS WHAT COUNTRYS & TV	O DATTIMORE CITY	OR COUNTY OF DEATH
1	COUNTRY)	U.S.A. WIDOWED	ER MARRIED	
		MIDOWED AME OF HOSPITAL, NURSING HOME OR OTHER		County MD.
À		NOT IN SUCH FACILITY, GIVE STREET ADDRESS]	TYPE OF WORK FOR MOS	T OF WORKING LIFE) INDUSTRY
90	USUAL RESIDENCE (IF NURSING HOME OR OTHER IN	data data 1100 by 00	1 Carpente	r Home Buildin
)	130 STATE USB COUNTY Harford	d Forest Hill YES	NO \$130.STREET ADDRESS	optown Rd. 21050
1	14 FATHER'S NAME		HER'S MAIDEN NAME	- C C C C C C C C C C C C C C C C C C C
	Henry Scott	Robinson Sr I	Lily	Brädford
	160 WAS DECEASED EVER IN U.S. ARMED FO		MITTER TO	RESS
	no	219-30-4463 Ma	ary R. Robinson	same as above
	Conditions, if ony, which gove rise to immediate	UE TO, OR AS A CONSEQUENCE OF  UE TO, OR AS A CONSEQUENCE OF  UE TO, OR AS A CONSEQUENCE OF	LUCE	
	PART 2 OTHER SIGNIFICANT GONDIT  CONCESTIVE HEAD  19a DATE OF OPERATION  19a DATE OPERATION  19a DATE OF OPERATION	DE CONDITION FOR WHICH OPERATION WAS PERFECTED BY THE PROPERTY OF THE PROPERTY	RFORMED 200 AUTOPSY?  YES NOTE  N INJURY OCCURRED (ENTER NATURE OF IN  ATION  IREET CITY OR  my) (our) opinion death occurred on the  ATTENDING MEDICAL SITE  PHYSICIAN DIRECTOR PHYS	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO DIJURY IN ITEM 18 PART 1 OR PART ?)  TOWN COUNTY STATE  dote and hour and from the causes stated  AFF 22c DAYE SIGNED

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR Benjamin W. Kurtz (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL ISPECIFY Burial 236. DATE 9/9/85

HOELLERICH

136 NAME OF CEMETERY OR CREMATORY Fairview Cemetery

23d LOCATION CITY OR TOWN Forest

Harford

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Jarrettsville, Md

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

			- C		AST			EDEATH				
	CEASED NAME FIRST	MI	IDDLE		mar.		2a DATE O	DLAIII	MONTH	DAY	YEAR	26 HOUR
TPE	Richard	1	A-	P.	1ff	Sr.			9	23	85	200
SE.		RACE.		S. DATE C	OF BIRTH		6 AGE IIN	YEARS LAST BE	RTHDAY)		ER I YEAR	IF UNDER 24 H
	mal.	Ma	11 -	MONTH	DAY	YEAR	1,			MONTHS	DAYS	HOURS M
	Mace	1 LEA	70.	MA	uk 18,	1924	6/		YRS			
BI	RTHPLACE STATE OF FOREIGN 76	CITIZEN O	VHAT COUNTRY?	MARRIEI	D NEVER N	ARRIED T	9 BALTIMO	RE CITY	OR COUN	ITY OF D	EATH	
	ma.	U.S	S. A.	WIDOWE		ORCED [	Har	ford				
C	ITY OR TOWN OF DEATH		OSPITAL, NURSI		OR OTHER INST	ITUTION	12a USUAL	OCCUPAT	ION	126	KINDO	F BUSINESS
١	110 da Como	UM C	FACILITY, GIVE STREET	100 A	Local	-1	TYP OF WOR	K FO MOST	OF WORKING	LIFE IN	DUSTRY	PI
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u	18 CAUSE OF DEATH Enter only	ane cause per li	me far (a), (b), at	IIC IC.							BELLANDEL C	
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	PART I. DEATH WAS CAUSED  IMMEDIATE	BY. CAUSE (a)	CARDIO	RESPI	RATORY	FAILU	RE					
	MART I. DEATH WAS CAUSED IMMEDIATE	BY. CAUSE (a)	C ARDIO	RESPI		FAILU	RE					O HRS.
	MART I. DEATH WAS CAUSED IMMEDIATE  Canditions, if any, which	BY. CAUSE (a)	CARDIO	RESPI	RATORY	FAILU	RE				4	O HRS.
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DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for with the State Dept. of IMPORTANT

27-85 Gel air Mem. Beller Harford Ma.

210008655

SFP 25 1985

Geller Harford Ma.

210008655

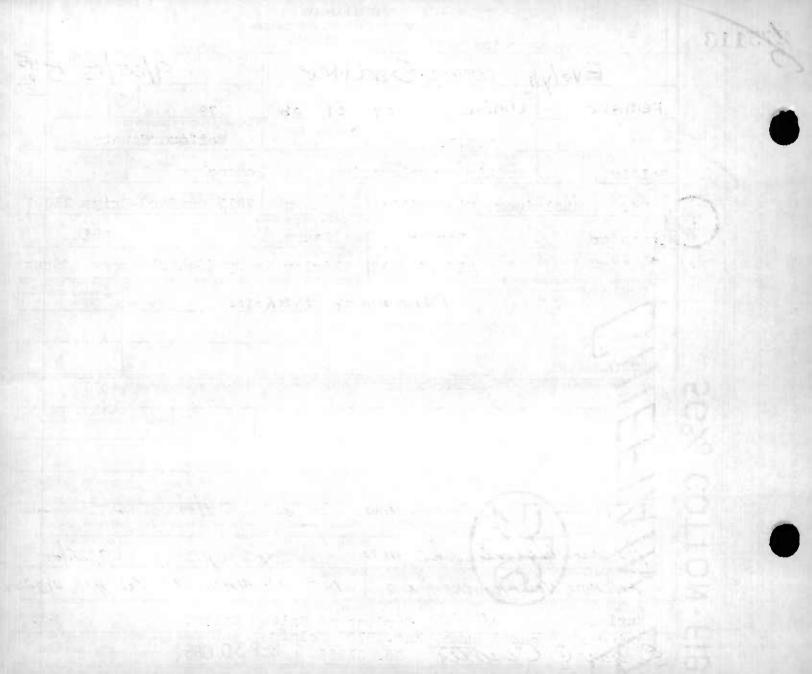
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	1		STATE OF MARYLAND	
75113	L <sub>1</sub> .	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	25995
5,2112		REGISTRAR Evelyn K	Catherine Sadtler CERTIFICATE OF DEATH	REG. NO.
)		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF	DEATH MONTH DAY YEAR 26 HOUR 45
by be		_ Kvely	h Katherine active	7/05/85 5 PM
r. po	3. SE	x /	1	ARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
rs of a	1	EEWALE	White 07 01 06	79 YRS.
od 5 2	7a. B	IRTHPLACE (STATE OR FOREIGN	MARRIED NEVER MARRIED	RE CITY OR COUNTY OF DEATH
de de de		Md.	U.S.A. WIDOWED DIVORCED HE	arford County MD.
2 9 1 (a)	4	ITY OR TOWN OF DEATH		CCUPATION 12h KIND OF BUSINESS OR FOR MOST OF WORKING LIFE) INDUSTRY
The state of		elAir /	BelAir Convalesarium Homema	aker -
0 .5 0	USU 13e	AL RESIDENCE (IF NURSING FIOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]  NTY   13L CITY OR TOWN   13d INSIDE CITY LIMITS?   13L STREET A	DDRESS / ZIP CODE
IP/	V.	Md. Bal	timore Kingsville   YES   NO X   7017	Ruxford Drive 21087
1 15 6 10	1)9"	THER'S NAME FIRST	MIDDLE LAST FIRST	MIDDLE 145L
1 11/20	X1	exander	Berger Laura	White
Page 1	160	AS DECEASED EVER IN U.S. AI		ADDRESS
1 12 17	n		216-80-9812 Shirley Dandy	
1 217		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly ane cause per line for (a) (b), and (c),1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
and			TE CAUSE (0) PULMONARY FIBROSIS	
# 600 AP			DUE TO, OR AS A CONSEQUENCE OF	
deo deo		Canditians, if any, which	( lb)	
4 4114		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
100		underlying cause last.	(c)	
1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1,	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART Ita-
p that	CERTIFICATION			
1 4 4 4	2	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO	PSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
20 20 00 07	E		YES 🗌	NO YES NO
A Part of the		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	THE PARTY OF THE P	URF OF INJURY IN ITEM 18 PART 1 OR PART 2)
30 to 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M. 19	
7 4 4 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	1 8	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
Sta the sta	1	AT WORK NOT WHILE AT WORK		
20 0 5 4 5 E		The factoring of the control of the	oital) attended the deceased from 1981, to	9106 , 19 DT , that (1) (we) last
E 4 0 5 5 5			at) view the bady after death.	
and		276 SIGNATURE	Owolomb MD ATTENDING MEDICAL	STAFF
7 4 4 5 5 E	1	Noncon	PHYSICIAN IN DIRECTOR	PHYSICIAN   7/20/09
HOSPI ned by Nuld be ORTA		22d PHYSICIAN'S NAME (TYPE		N ST BEZ A-18, MD 2/01
Parish the standard the standar		ANDROW NO	wakenski up 123 N. MATI	DOF 1110, MINDAU
25 1 -	23a.	BURIAL, CREMATION, REMOVA		
BP	-	Burial	9/28/85 Gardens of Faith Ball	to. Ma.
DHMH - 16 50M 4/83	24. F	Schimumek Fu	ineral Home, Inc. 9705 Belastrate RECID BY RE	GISTRAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	16	dgare	Coultes Rd. 21236 SEP 30	1909
	-	//		



9/9/85

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

260142

- STATE

John Harkins 600 Main Street Delta, PA 17314

Corinth Baptist

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Rugby Virginia Grayson 25a DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CITY OR TOWN

YES [

COUNTY

224 DATE SIGNED

YEAR

IF UNDER 1 YEAR

INDUSTRY

Perkins

2b HOUR

126. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

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STATE

MD

Own Home

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VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

#### STATE OF MARYLAND

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Ö	die	5	1	1	
REG. NO.					

1	1 - STATE REGISTRAR				E OF DEATH	TIGIENE 8	٥	2 5	7	7	1
1	1. DECEASED NAME FIRST	MID	DLE	LAST		20 DATE C	REG. NO.	ONTH DAY	YEAR	2b HO	UR
Ì	(TYPE OR PRINT)	L.	50	arhe	rough	\	0	9 27	85	103	DPM
	1.58X	4 RACE	5. C	ATE OF BIRT	Н	6 AGE (IN	YEARS LAST BIRTH	DAY) IF U	NDER I YEAR	IF UNDE	R 24 HRS
	Female	White		Aug.	8 1906		79	YRS	DATS	HOURS	Mins,
1	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WI	M	ARRIED -	NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNTY OF	DEATH		
1	Maryland	United S	tates  wi	DOWED 🔀	DIVORCED	O HA	KTOK		10.00	P. D. IC IN	MD.
1	FALLSTON	FALL	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRE	SENE	RAL	(TYPE OF WO	DECCUPATION DEK FOR MOST OF V Lemaker		126 KIND OI INDUSTRY Own		
1	ISUAL RESIDENCE (IF NURSING HOME OF 130. STATE TO VISION YOUR Pennsylvania Yo	INTY 1	ve residence before admi Bc. CITY OR TOWN Delta		NSIDE CITY LIMITS		ADDRESS / 2		t/1731	16/1	19
1	M FATHER'S NAME	MIDDLE	LAST	15. M	OTHER'S MAIDEN	NAME	WIDDIE		LAST		
j	George	W.	Orr	- 3	Ida		E.		Gri	est	
5	160. WAS DECEASED EVER IN U.S. A IYES NO OR UNKNOWN) (1F YES, G	IVE WAR OR DATES)	66 SOCIAL SECURITY 185–34–912	0.00	ra L. Dub	ree 302	ADDRES	Stre	eet, M Road	D	2115 <sup>1</sup>
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)	as a consequence								
	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEAT	h but not i	RELATED TO THE TI	ERMINAL DISEA	SE OR CONDI	TION GIVEN	IN PART To		
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITI	ON FOR WHICH OPE	ration wa	S PERFORMED	200 AUT		206 IF YES, W IN CERTIFYIN YES	G CAUSES		ATH?
1		EATH HOUR A.M.	MONTH DAY		HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)		
	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  21d. IN JURY OCCURRED  THE NOT WHILE AT WORK	21e PLACE OF	FINJURY I FACTORY OFFICE FARM, S		OCATION STREET	2-	CITY OR TOWN	1	COUNTY		STATE
	22a. I certify that (1) (this host sow the deceased alive o abave, (1) (we) (did) (did n	n Cy	127/19-23	, and that	19_3 in (my) (our) opin	, to	red on the date	/27, 19_ e and hour an	nd from the	auses s	/
	226 SIGNATURE	on		DEGRI	ATTENDING PHYSICIAN	G MEDICA DIRECTO	L STAFF R PHYSICIA		22c. DATE:	g 1	>
1	M AO .	THANT		9	ADDRESS 101 PRANK	LIN STO	MARE ?	DRIVE 1237	110		

(VRA 15, 4)

23b. DATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

Slateville Cemetery Pe Burial Oct.1, 1985 Slateville Cem

74 FUNERAL DIRECTOR

John Harkins 600 Main Street Delta, PA 17314

Peachbottom Twp. York, PA

ECTO. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

220888 and the color of t Tour earlies the name was stocked, and the

24	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL H	REG. NO.	2 , ,
	PECEASED NAME FIRST PROPERTY OF PRINTS	E MAE	Schweees	20 DATE OF DEATH MONTH	1-85 114
3.	Female.	White	5. DATE OF BIRTH  MONTH DAY  JANUARY 15, 191	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2. MONTHS DAYS HOURS
30	BIRTHPLACE (STATE OF FOREIGN COUNTRY)  MARYLAND	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COLL	
6	AVRE de CEACE	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION REET ADDRESS) EMORIAL HOSFITA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKI) HOMEMAKER	NG LIFE) 12b. KIND OF BUSINES
	SUAL RESIDENCE (IF NURSING HOME IS STATE 136, COL	OR OTHER INSTITUTION, GIVE RESIDENCE BER UNTY JACKSTON OR TO LOND HAWKE D	FORE ADMISSION)		
20	FATHER'S NAME FIRST  ALONZO	MALKE	IS MOTHER'S MAIDEN N	MIDDLE	ALLEN
loo loo	(YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SE SIVE WAR OR DATES) 216 16	the second of the second of the second	ADDRESS WEERS SI	AME AS #13e
went, the	PART I. DEATH WAS CAUS	anly one cause per line for (a), (b), SED 8Y: ATE CAUSE (a)	ond ic Pur now Ar	2 ALRES	APPROXIMATE INTERV BETWEEN ONSET AND D
r other traumatic	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A FONSEC (b) DUE TO, OR ASIA SONSEC (c) THE H	TEMIAL SEP	A TO GOT	5 DA
NO.		CONDITIONS CONTRIBUTING T	CON GESTI VO	RMINAL DISEASE OR CONDITION	A WILE
a d	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
				YES NO	PRTIFYING CAUSES OF DEATH
CAL CERTIFICATION	OR CONTRIBUTING CALLES OF D	HOUR A.M. MONTH	DAY YEAR	- 40	
MEDICAL CENTRA	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.M. MONTH	19 21f. LOCATION	YES NO	YES NO NA 18 PART I OR PART 2)
100.00	OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. I certify that (1) (this has	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY IAI HOME SIREET, FACTORY, OFFICE pital) attended the deceased from	DAY YEAR 19 21f. LOCATION STREET	JRRED (ENTER NATURE OF INJURY IN ITEM	YES NO (18 PART 1 OR PART 2)  COUNTY STA
7507.40	OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. I certify that (1) (this has	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE pitol) ottended the deceosed from	DAY YEAR 19 21f. LOCATION STREET  m DEGREE  ATTENDING	JRRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  In death occurred on the date and	YES NO CALL NO
7507.40	OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK  22d. I certify that (1) (this has  One of the caused at a contribution of the caused at a c	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pital) attended the deceased from	DAY YEAR 19 21f. LOCATION STREET  m DEGREE  ATTENDING	JRRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  10 9 1  In death occurred on the date and	YES NO COUNTY STA

STATE OF MARYLAND

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director, page 3

	FOR	
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	. Com	~	4	-	4

	REGISTRAR				CERTIF	ICATE OF L	PEATH	REG. I	NO.		
	CEASED NAME	(III)	77:	AIDDLE	L	AST	11.31	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
{14b	E OR PRINT)	( att	renine	ginia	<	Pure	11	9-27	.515-		1 10 N
3 SE	X		RACE	7	5. DATE C		/	6 AGE (IN YEARS LAST &	HRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
					MONTH	DAY	YEAR			MONTHS DATS	HOURS MIN.
12.0	Female		White		12	- 03	- 08	76	YRS	(07.07.71)	
	IRTHPLACE (STATE OF COUNTRY)	FOREIGN /b		WHAT COUNTRY?	MARRIEI	NEVER /	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	aryland		U.S.A.		WIDOWE		VORCED	Harford	County	7	ME
10. €	ITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OCCUPA			OF BUSINESS OR
F	allston	Fa	allstor	General	Hosp.	ital		Housewife		Homem	aker
USU 13a.	AL RESIDENCE (IF NUE	136 COUNTY				13d. INSIDE C	COTINALI VII	13e.STREET ADDRESS	/ 7IP CON		
	Md.	Harfo		Abingdon		YES T	NO F	1205 Abine			q
14. F	ATHER'S NAME					15 MOTHER	S MAIDEN NA		account.	2100	
) .	FIRST		DLE	LAST		-57	FIRST	WIDDLE		LAS	
	OULS WAS DECEASED EVE	Hen		chueler	DITY NO	IT INFORMA	ANIT	Rebecca		Ellio	
	YES, NO OR UNKNOWN)	(IF YES, GIVE W								e,Md. 2	
	No	None		216-52-9	Q76 \	Villian	n S. Ser	well, 164 C	hapel		
	IS CAUSE OF DEA	TH (Enter only	one cause per	line far (a), (b), pn	رور عالم		1	. 1		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	IMMEDIATE		(	on	1	em	-4			
				R AS A CONSEQUE	NCEOE	0.	· D.	1 / 1	1		
	Conditions, if on	which	(	R AS A CONSECUE	INCE OF	CP	-KUZ	to tail	16		
	gave rise to im	mediate	(b)					(/	-		
	couse (a), state underlying caus		DUE TO, OF	R AS A CONSEQUE	NCE OF			V			
			(c)								
z	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CC	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 11	a
CERTIFICATION	IA DAYE OF OREN	TION	TIM COND	TIONEGONANGU	0.05.0.4710	DEBE O	0.450	Tee AUTORSVA	Tan It Vit	C MEDE EINIDIN	LOC HATE
2	190 DATE OF OPERA	ATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFC	DRMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES	OF DEATH?
I E								YES NO		S 🗍	NO 🗌
U	210 ACCIDENT WAS UN		21b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN.	JURY IN ITEM 18 I	PART I OR PART 2)	
¥	OR CONTRIBUTING		P./		19						
MEDICAL	21d INJURY OCCUP		21e. PLACE			211. LOCATIO				COUNTY	STATE
Z	WHILE D SOLE	ense 🔲	(AT HOME, STR	EET, FACTORY, OFFICE F	ARM ETC )	STREET		CITY OR 1	IOWN	COUNIT	SIAIE
	22a.1 certify that (		attandad	a description			10.00	to		19	al a di / a) la a
. 0	sow the decea	and the second second second	9 -/ -	2 97 " 5	1	d that is my	(our) opinion	death accurred on the			that (I) (we) lost
	abave, (f) (we)	(did (did not) y	rew the Andy	of Ner death	-	2	(oor) opinion (	dedili decorred on me	dore and not		
	22b. SIGNATURE		UIV	\A/	n	PEGREE	ATTENDING	MEDICAL ST.	AFF	22c. DATE	SIGNED
					17			DIRECTOR PHYS	AFF ICIAN .	7	
1	224 PHYSICIAN'S N	AME TYPE OR P	INTIVAT	0 01	7	22€ ADDRES	S	000	V	-	
	V-	5.1	VHI	KIM.	1)	2	115/	al an	~	الم ا	
23a.	BURIAL, CREMATION	, REMOVAL	23b DATE	23c N	NAME OF C	EMETERY OR C	CREMATORY	23d. LOCATION			
	(SPECIFY)			Co	koch.	ver II	etery Methodi	CITY OR TOWN	n II-	YINUOS	STATE
24 F	Burial UNERAL DIRECTOR		9-30-8	55 100	kesbu	LY U. I		st Abingdo e rec'd, by registra		rford	Md.
	NAME			ADDRESS			QE.		0		
Ho	ward K M	Comas	III P.	A. Abingd	on, Md	21009	3 3	L 20 1982	funaid	Javidson-V	Junaene-

DHMH - 16 60M 7/84 (VRA 15, 4)

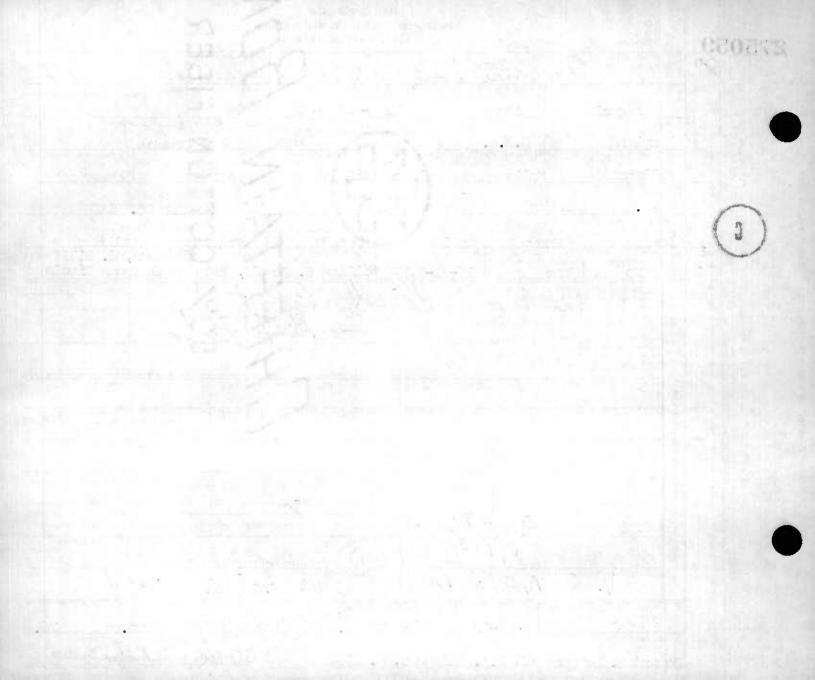
retained by the hospital or

BP.

After this certificate has been signed by the attending physical east the buriol-transit permit. Then please remove corbon popel

should be detached for use as the buriol-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation. IMPORTANT: If them 21 is marked or them 28 spaws pay injury, or other trauma

other troumotic



275150	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HYG  CERTIFICATE OF DEATH	REG. NO.	6000
4 may be 1 or. page 3 ofter death	1. DECEASED NAME PRIST (TYPE OR PRINT)  3. SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE INVERS LAST BIRTHDAY	72 1985 8 7M 74 UNDER I YEAR OF UNDER 24 HRS MONTHS DATS HOURS MIN.
death. Page in 72 hours of	TEMALE TO BIRTHPLACE ISTATE OFFOREIGN COUNTRY) ASKE CO. North Caroling	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED MARRIED MOVER MARRIED MOVED DIVORCED	9 BALTIMORE CITY OR COUN HAR FOR	
hours ofter of the full in by the full be filed with be find with	10. CITY OR TOWN OF DEATH  JAVIC OL COMPLE  USUAL RESIDENCE (IF NURSING HOME O  130 STATE  131 STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADDRESS) MORIAL HOSP.  ADMISSION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	Hemenaker
ed within 24 h	Maryland Har	Part Co. BEI Air	YES NO NO NO NA	136 STREET ADDRESS / ZIP CO	Caudill <sup>ss</sup>
ton ond com	160. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (18 YES, GI	RMED FORCES? 166 SOCIAL SECUL	RITY NO 17 INFORMAN (Husban)	1)734-7862ADDRESS SOL SEXTEN BELLIN	
egores that the doct county by signed by the attending by the objects temore eather from the by bury, or other traumoric event.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	is - Fulum. NCEOFFALLE CAF	+ Oardy CAD POLITION OF	m2 2 M5
CLAN. The fow-re is physician certificate has been that fragmes prior mail fragmes prior min 18 shows any i	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  21c HOW INJURY OCCURI	IN CER	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
ATENDING PHYS gold or athending CTOR. After this of flor use as the bur of Health and Ame 371 is marked as it	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a. I certify that (I) (this hosp saw the deceased alive or	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F) (Ital) ottended the decreased from	ARM ETC) 211 LOCATION STREET	city or town  1a 9 - 23  death accurred on the date and h	COUNTY STATE  . 19 . that (I) (we) lost our and from the causes stated
O HOSPITAL OR TOTAL OR TOTAL OR TOTAL DIRECTOR OF TUNERAL DIRECTOR OF THE STATE DEPT.	226 SIGNATURE  226 PHYSICIAN'S NAME (TYPE	DR PRINT) A LOD	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [	Game de Gre
BP	236. BURIAL, CREMATION, REMOVAL	SEPT. 25, 1985 BE	AND OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN  Bel Are Harberd C	county STATE STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	JOSEPH William For	SHET SO WI Broadure ADDRESS BEL ATT MAN	de agreefler?	E REC'D. BY REGISTRAR 151 TEG	Burlin Proce-

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.		
1		OR PRINT	FIRST Th	omas	MIDDLE Seldo	n _ '	AST Snow		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	1117	OK PRINT)	Thom			SI	ow			9	1285	340
·	3. SE)	X		4. RACE		5 DATE C		6	AGE (IN YEARS LAST B	RTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
5		Male		Wki	ite	MONTH	- 1	6	75	YRS	MONTHS DAYS	HOURS MIN.
S		RTHPLACE (STATEO	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	1./		BALTIMORE CITY	OR COUNT	Y OF DEATH	
J	1	COUNTRY) VA	La Heart	4.	5	WIDOWE			144	REC	OND	м
i	ĞI	TY OF TOWN OF DE	EATH			ING HOME C	OR OTHER INSTITUTIO		LONG OCCUPA	IÓN	12b. KIND C	F BUSINESS OF
4	A	11/Stan	Ma,	(IF NOT IN SUC	4/15 for	ADDRESS!	en Hosp		Conductor	Rail	INDUSTRY	PENNO
1		AL RESIDENCE (IF NU					9	l.	CIPET ADDRESS	1710 000	-	21040
Z		Md.	136 COU	tis.	130. CITY OR TON	Wood	YES W NO	7	3e STREET ADDRESS	1/200	(1) h +01	2 DO
4	14 FA	THER'S NAME			-	2007	15 MOTHER'S MAID	ENNAM		91	400	
4		Henry		MIDDLE	Snow		Flor	rence	WIDDIE		Sno	DW
1		VAS DECEASED EVE			16h SOCIAL SEC	URITY NO.	17 INFORMANT			Filgew	ood, Md.	21040
1	()	no or unknown)	(IF YES, GIV	E WAR OR DATES)	224/19	8 6987	Mrs. Dorca	as S.				
1		18 CAUSE OF DEA	TH Enter on	ly one couse per	line for (a) (b) a	nd ic						MATE INTERVAL ONSET AND DEATH
ı		PART I. DEATH	WAS CAUSE		Bespi		failure &	to	COPD.		5	yns.
ı			IMMEDIAI			IENIES OF						
١		Conditions, if an	which	DUE TO, O	R AS A CONSECU	a CI	ite 4 Ven	t-fa	ilure:		13 h	velles
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1		DART 2 OTHER CH	CHIEFCANITO	(c)	ONITRIBILITING TO	DEATH BUT	NOT RELATED TO THE	E TEDAMS	IAL DISEASE OR COM	IDITION CE	VENI INI DART 1	
١	Z	TAKI Z OTTIEK SIC	3/4// ICAI4/ C	.01401110143	DI VIKIDO II VOI I C	DEATH	NOT RELATED TO THE	L ILKWIII	AE DISEASE OR COI	ADITION OF	AFIA HALWELL	
H	CERTIFICATION	19a DATE OF OPER	ATION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
	IFIC								YES TI NOTY		FYING CAUSES	OF DEATH?
Н	ERT	71a ACCIDENT WAS U	INDERLYING	216 TIME O	F INJURY		21c. HOW INJURY C	CCURRE	D (ENTER NATURE OF IN)			140
		OR CONTRIBUTING				DAY YEAR						
1	MEDICAL	116 INJURY OCCU		71e PLACE		19	21f LOCATION					
	ME	WHILE NOT	WHILE []		REET, FACTORY OFFICE	FARM, ETC )	STREET		CITY OR 1	NWC	COUNTY	STATE
1		AT WORK AT W				8 -	76 10	5	9 /	9	05	
1		220 1 certify that (		12 1	l 2_ 10	85.01	nd that in (my) (our) o	ninian de	enth occurred on the	Inte and ha		that (I) (we) las
1				t) view the bady	ofter death.			p	om occorred on me	TOTE ONE NO		
.		770. SIGNATURE	(15)	SV	7		DEGREE ATTEND	ING 1/	MEDICAL STA	FF	22c. DATE	12 - CT
4		and DHACKETATAGE	10	/			PHYSIC	IAN D	PMEDICAL STA	CIAN	19-	12,97
		27d. PHYSICIAN'S N	O O E	/				0500	000 0	ALIC	Tan/ m	D 21041
4		13. D. F	HKE	H MD					DRD, F	المارا	1010/11	7.017
	23 o B	BURIAL, CREMATION	N, REMOVAL	23b. DATE			EMETERY OR CREMA		23d LOCATION CITY OF TOWN		COUNTY	STATE
		Burial		Sept.1	4.1985Ga	rdens	of Faith (	Cemet	ery, Balt	imore	-	M
	24 FL	JNERAL DIRECTOR					2.	So. DATE	REC'D. BY REGISTRA	25b. REGIS	TRAR'S SIGNAT	UR5 00

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Howard K. McComas III, Abingdon, Md. 21009

SEP 1 6 1985

-01983S SEP 16 MS June Person

	SICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be ing physicion.	certificate has been signed by the attending physican and completed feat in by the funcial director, page : unial-transit permit. Then please remove corbonpopell: Pager, and Shidid Bellind.
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N OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	SICIAN: The	te h
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4145	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 2 6 0 2 2 CERTIFICATE OF DEATH REG. NO.					
deoph 1		CEASED NAME ORPRINT) Amalia-	L.	Snyde	A51	20 DATE OF DEATH	0 0	5 1100 A
Y	3 SEX	Female	White	S. DATE C		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN
35		RTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY	/? 8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	11 0	COUNTY OF DEAT	TH MD.
XA	-	-allston	NAME OF HOSPITAL, NURS LIF NOT IN SUCH FACILITY, GIVE STRE FAILS TON GENE	et address)	dospital	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	IND OF BUSINESS OR STRY
35	Lla. S	M D IN COUNTY	HER INSTITUTION GIVE RESIDENCE BEFO 130 CITY OR TO Baltin	WN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS		21206
800	4. FA	THER'S NAME FIRST Harry R.		a,Sr.	IS MOTHER'S MAIDEN NAM	WIDDLE		LAST <b>enyo</b>
2		/AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) [IF YES, GIVE W			Mr. Charles	H. Snyder	3018 West	
removal		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EIMMEDIATE (		162/1	Arrest à	5		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
r other troumption		Conditions, if any, which gove rise to immediate cause (0), stoting the underlying cause last.	(b) DUE TO, OR AS A CONSEO		ramloughe Achte To nemonia	Bembers	typens.	
injury, or	NO	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT Ira
A out	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
- 1.77	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAI	RT 2)
rkedor H	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN COUN	STATE
21 is mo		220.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not) v			nd that in (my) (our) opinion o	, to , to	te and hour and from	, that (I) (we) last in the couses stated
ote Dept IT: If Item		276 SIGNATURE Kful	Afellow	n	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _ C	7.7-85
IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PR	HUR, M.D.		130 5- Fallst	on Rel, Fa	els for - 2	al 2104;
2	230 B	CDECIEVY	23b DATE 23 9-10-85	Parkwo	EMETERY OR CREMATORY	23d LOCATION Baltimo	re, Maryli	and STATE
OM 7/84	24 FL	NERAL DIRECTOR Leonard J. Ruc	k, Inc. Balti	more,		P 9 1985		GNATURE On-Handala

STATE OF MARYLAND

CALLEY. . men. - Contain Second to Adela. 21211 Mr. Commiss II. Ander 2018 Wastifield Ave. Melcin, ordelilas Legendre . buck, lack . belinopt.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

REGISTRAR

1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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							REG. N	0.		
	CEASED NAME	FIRST	0 '	MIDDLE	LAST		2a DATE OF DEATH	MONTH [	DAY YEAR	26 HOUR
{ 146	EORPRINT) Wal	ter	Kai	1 Thor	nas			9-13	-85	134 A
3. SE	Х	4	RACE	5 D/	ATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	M		W	^	1 / 19 /	äà	63	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE I STATE OF	OREIGN 76	CITIZEN OF	WHAT COUNTRY? 8	anna Dalsivana		9 BALTIMORE CITY	R COUNTY	OF DEATH	
	COUNTRY) MD	1	U.S	S.A. WID	Contract Con	ORCED 🗌	Har	tord		MD.
f	alls ton		FELL ST	HOSPITAL, NURSING HO H FACILITY-GIVE STREETADDRESS ON CENERA	HOSPITO	TUTION	120 USUAL OCCUPATO (TYPE OF WORK FOR MOST C Contract	DE WORKING LIFE	E) INDUSTRY	of BUSINESS OR
130.	AL RESIDENCE (IF NURS	136 COUNTY		GIVE RESIDENCE BEFORE ADMISS 134 CITY OR TOWN  Jarret Svil	13d INSIDE CIT	TY LIMITS?	130 STREET ADDRESS . 3930 Old		ral Hill	Rd 2105
14 F/	ATHER'S NAME	A4.10	DDLE	LAST	15 MOTHER'S					
-	Samuel	Fre	dericl	Thomas	Ruth		Virginia		Lyntor	'n
	VAS DECEASED EVER	(IF YES, GIVE V	D FORCES?	166 SOCIAL SECURITY N		٧T	ADDRE	ESS		
	Yes	WW I	I	220-22-83	Ruth !	L. Fl	etcher	same	e as a	bove
	PART I. DEATH W		BY:	line for (o), (b), and (c),)	SHO	ock	gettep i		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediote g the	(b)	R AS A CONSEQUENCE O	on 6-tine	THE	FARURE			
NO	PART 2 OTHER SIGN	VIFICANT CO	nditions <u>cc</u>	INTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	D
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH OPER	ATION WAS PERFOR	MED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME O HOUR A./ P./	A. MONTH DAY Y	EAR 19	URY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 P.	ART I OR PART 2)	
MEDICAL	216 INJURY OCCURR	RE 🗍	21e. PLACE ( (AT HOME STR	OF INJURY EET FACTORY, OFFICE, FARM, ETC	211 LOCATIO STREET	7	CITY OR TO	wN	COUNTY	STATE
	22a   certify that (1)	(this hospital	ottended the	deceased from		, 19	, to		19	that (I) (we) lost
	sow the deceased alive on									
	226. SIGNATURE	w N	Ew-	howoles	DEGREE AT	TENDING HYSICIAN	MEDICAL STAI		271. DATE	KIGNED 3
	22d. PHYSICIAN'S NA	ME ITYPE OR PI	Oco A	Kowsky M	22e ADDRESS	/	MAIN ST		GEL AI	R, MD &
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23¢ NAME	OF CEMETERY OR CI	REMATORY	23d. LOCATION		COUNTY	STATE
	Burial		9/16/1	1985 Jarr	cettsvil	le Cer	m Jarrett	svill	le.Har	ford M

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the buriot-transit permit. Then playing the State Dept. of Health and Mental Hygiene prior to burn

IMPORTANT: If hem 21 is

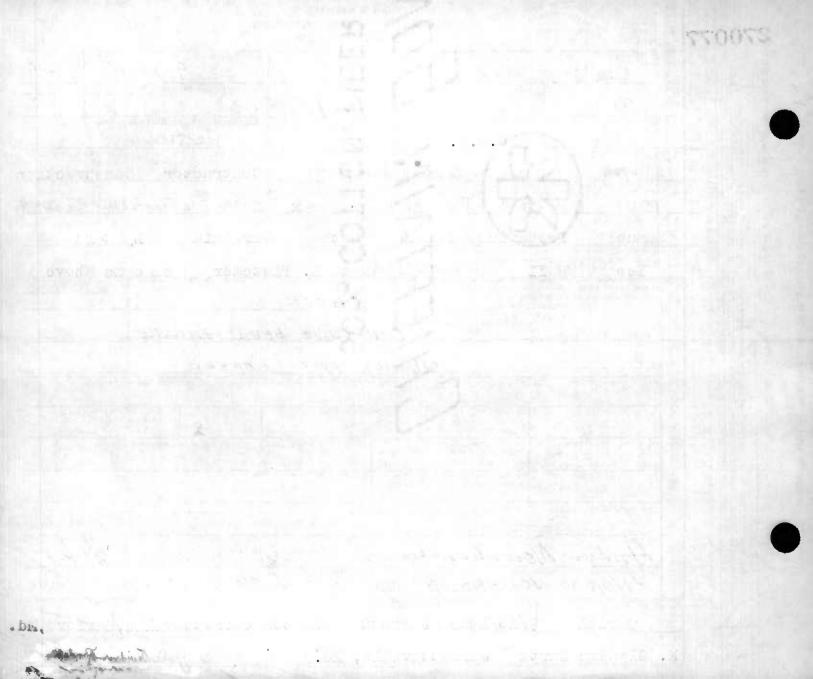
ATTENDING PHYSICIAN: The

Gladden Kurtz

24 FUNERAL DIRECTOR

Jarrettsville,

Cem Jarrettsville Harford Md.

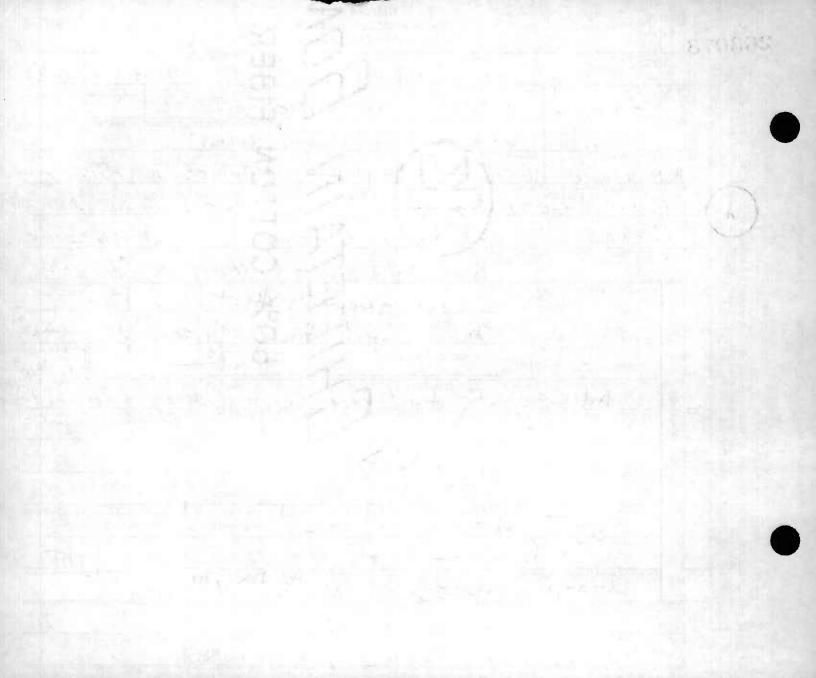


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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



## - STATE REGISTRAR I. DECEASED NAME

Female

10 CITY OR TOWN OF DEATH

Street

Maryland

No

John

4 FATHER'S NAME

TO BIRTHPLACE I STATE OF FOREIGN

North Carolina

BEATRICE

136 COUNTY

18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last

190 DATE OF OPERATION

Harford

4. RACE

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

EVA

THE CITIZEN OF WHAT COUNTRY?

United States

2642 Dublin Road

Street

Tompkins

166 SOCIAL SECURITY NO

246-36-0867

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

White

TYPE OF PRINTS

3. SEX

## STATE OF MARYLAND

LAST

5 DATE OF BIRTH

Aug.

TOMPKINS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE OR CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

15. MOTHER'S MAIDEN NAME

Biddie

17 INFORMANT

1904

	9			
Ċ	E in	6		
REG. NO.				

BALTIMORE CITY OR COUNTY OF DEATH

2642 Dublin Road/21154

20 DATE OF DEATH MONTH

6 AGE LIN YEARS LAST BIRTHDAY)

Seamstress

13e STREET ADDRESS / ZIP CODE

MIDDLE

Anne Treakle 2642 Dublin Road Street, MD

ADDRESS

September 26.

Harford County,

44		- 10	17	76
2	6	0	0	13
B. 54	77			

1985

IF UNDER ! YEAR

INDUSTRY

Sewing

26 HOUR

126 KIND OF BUSINESS OR

Whitaker

RTIFICATION

DIVISION OF VITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

AL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	27a. I certify that (I) (this hospital) saw the deceased alive an above. (I) we light (the net w	ottended the deceased from, or ew the body after death,	nd that in (my) (aur) apınıon de	eath occurred on the date and haur o	22c DATE SIGNED			
	Herbert A.	Martello, M.D.	22. ADDRESS					
	BURIAL, CREMATION, REMOVAL (SPECIFY)  Rurial	11-	EMETERY OR CREMATORY	city or town county state  to				

27 Sept. 1985

\_ that (1) (we) last

IAL, CREMATION, REMOVAL	23h DATE	23c. NAME OF CEMETERY OR CREMATORY
Burial	9/30/85	Bel Air Mem. Gardens

OR CREMATORY Bel Air

200 AUTOPSY

NOX

Harford

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

MD

24 FUNERAL DIRECTOR John Harkins 600 Main Street Delta

CARE VILL

APTICLE CONTRACTOR OF THE PROPERTY OF THE PROP n alo stell of one no I I e Property of the second 7 ) Contract the second of the sec Mahanife made publication of the state of th 

STATE OF MARYLAND



DHMH - 16 60M 7/84

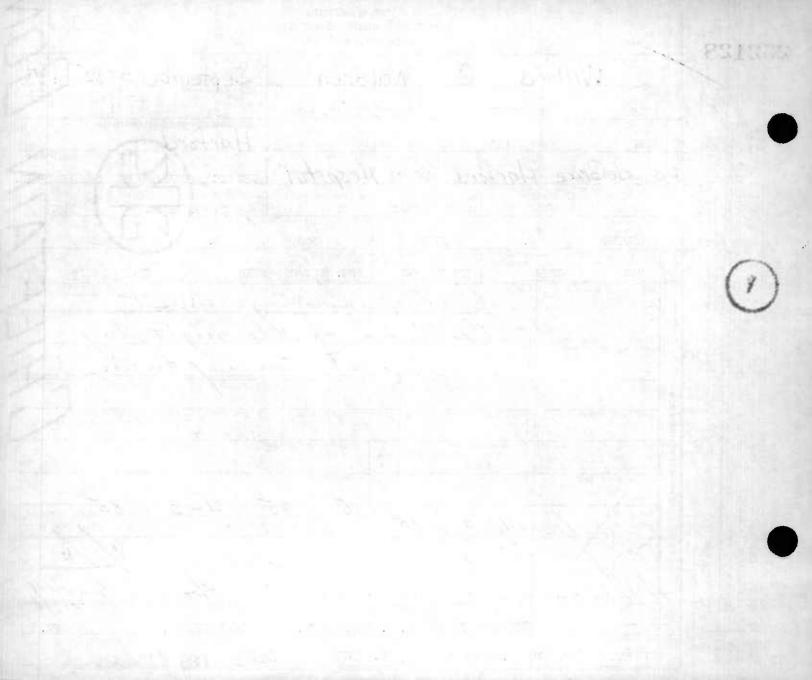
(VRA 15, 4)

252128

	STATE OF MARTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES
STATE	CERTIFICATE OF DEATH

8 5 2 6 0 0 /

/	RECISTRAR			CERTIFICATE OF DEATH  REG. NO.							
		CEASED NAME	FIRST	,	MIDDLE		LAST		MONTH DAY	YEAR 26	HOUR 1
7	THE	VV	Illa	rd	( '	Wal	dren	Senten	nber3	1985	4:00 M
	1.58>	6		4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR			UNDER 24 HRS
34	200	MALE		WHITE		SEPTE	MBER 12, 1930	54	YRS	IHS DAYS H	OURS MIN.
1		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH	
4	1000	OHIO		USA		WIDOWE		Harton	d		MD.
1	16 CI	TY OR TOWN OF DE A	TH		OSPITAL, NURA		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126. KIND OF B	USINESS OR
8	ALK	Wrode Gr	ace	HArto	rd M	em.	Hospital	TECHNICAL AS			RD OF ED.
10	13a. S	RESIDENCE (# NURS	NG HOME OR		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
2		MD	HARFO	RD	HAVRE de		YES X NO	604 CHAPEL 1			21078
7/	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST					LAST	10000
4		WILLIAM		С.		1	ANNA	G.		McCOY	4 TY
1		VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS		- 190
		YES			271 26 0	0667	MRS. MARGARET	BAKER	SAME	AS #13e	
					light for ial, (b), a	get (c+)			23.9	APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
		PART I. DE ATH WAS CAUSED BY:									
П	- 1	Conditions, if any, which ( in Chromone of the right fing									
1	gove rise to immediate cause (a), stating the DUETO OR AS A CONSEQUENCE OF										
	underlying cause last ( thomas obstructive haf fixeese										
	. 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a									1000
	CERTIFICATION										
7	JC A	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI	ERE FINDINGS G CAUSES OF	USED DEATH?
5	# TR					- 65		YES NOW	YES [		10 0
3	115.5			1 110110 1		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I	OR PART 2)	
	ICA	(IF EITHER NOTIFY MEDIC	AL EXAMINER	P./		19					
	MEDICAL	21d. INJURY OCCURR				FARM, ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		AT WOR	K U	/		61	25 06	- 0	2	25	11.00
		CONTROL DECIDE STREET,					19 80		. 19_		t (I) (we) last
		above (b/we) (d			after deoth.			death occurred an the do	ate and haur an		1
1		THE SIGNATURE	Skun	Ne				MEDICAL STAL	F	DATE SIG	DEO,
		100 9	× .	07	1-		PHYSICIAN			10/	N
		224 BHYSICIAN'S NA	ME ITYPE C	/			27e ADDRESS	11		0	- 211
	9	VIAMA.	KAAa			119)	a KNION 10	US. THAT	TE DE	una	3
		BURIAL, CREMATION,	REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		VINITY	STATE
	_	REMATION		6SEPTEM	BER85	R. A.					PA.
		JNERAL DIRECTOR	חמו נים	DO 110	ADDRESS	005 145			756. REGISTRAR	'S SIGNATUR	E
	P	MITTURELL FUNE	MADDIE  IAST  MODIE  IAST  MODIE  IAST  PASSED EVER IN U. S. ARMED FORCES?  IAST  MANDA  G.  MANDESS  MANDA  MARGARET BAKER  SAN  EOFDEATH Enter only one couse per live to / (oa), (b), ogel (c)  I. DE ATH WAS CAUSED BY  I. DE ATH WAS CAUSED BY  I. DE ATH WAS CAUSED BY  DUE TO, OR AS A CONSEQUENCE OF  IIBMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  IIBMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  IIBMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  IIBMEDIATE CAUSE BY  IIBMEDIATE CAUSE BY  IIBMEDIATE CAUSE (o)  IIBMEDIATE CAUSE BY  IIBMEDIATE CAUSE	Justin Jo	residence 6	Sanda Do					



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGIS1	TRAR				CEKIII	ICATE OF DEATH	REG. N	0.		40	
	I. DECEASED		FIRST	٨	AIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR	
	(TYPE OR PRINT)		BONNIE	TUI	BBS	WAT	TS	SEPTEMBER 13	, 1985		6:30P M	
	I. SEX			4 RACE		5. DATE		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
J	FEMAL	LE		WHITE		DCTI	DBER 29, 1906	78	YRS.	MONTHS DAYS	HOURS MIN.	
	70 BIRTHPLAC	CE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH		
4	MARYL	AND		USA		WIDOW	_	HARF	ORD COU	NTY	MD	
7	IO CITY OR TO	OWN OF D	EATH			G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR	
J	HAVRE (	de GRAC	Œ		H FACILITY, GIVE STREET. IDUM RDAD	ADDRESSI		SELF EMPLOYE			INSTRUCTO	
	The second secon	-		ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE		ANAL INCIDE CITY HILLIES	13e.STREET ADDRESS	/ 7ID CODE			
d	MD		HARFO		HAVRE de G		YES NO X	325 LAPIDUM		2107	8	
7	14. FATHER'S						15. MOTHER'S MAIDEN NA	ME				
1		FIRST EON		MIDDLE	TUBBS		CRICKET	WIDDLE		STILL	JT	
	160 WAS DEC	EASED EVE		RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		01771	
		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR I		VE WAR OR DATES)	218 32 524	6	LEDNICE I. O'HEARIN 3907 SKYVIEW OR				R. MOUNT AIRY, MD.	
	18 CA1	ISE OF DE	ATH (Enter o	nly one cause per	line for (a), (b), and						MATE INTERVAL ONSET AND DEATH	
1	PAR	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) GENORALIZED ASCUD									R	
1	120	DUE TO, QI AS A CONSEQUENCE OF										
	Candit	Canditions, if any, which ( (b) CORRE ASCUD							10xR			
1		gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF										
4		underlying cause lost. (c) Small Strate Sundme							13/11/	14DAYS		
	Control of the Contro	PART 2 OTHER TO INFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra										
	19a DA1	1	ARB	many	ám.							
j	3 190 DAT	TE OF OPER	RATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FIN				
-	ETIE								YES NO YES N			
	ORCON		CAUSE OF DE	110110 1	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART ( OR PART 2)		
	S (IF EITH	_	EDICAL EXAMINE		M	19				A		
П	#	JURY OCCI		21e. PLACE (	OF INJURY	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	AT WORK	NOT AT V	WHILE									
		and the state of t									that (I) (we) last	
Ä,	ab	ave, (I) (we	ased alive a ) (did) (did n	at) view the body	after death.	<b>3</b> _3_, o		death occurred on the d	ate and hou			
	2775-SK	NATURE	n	(a) 1	10 .	2	DEGREE	MEDICAL STA	FF	22c. DATE	SIGNED	
	I I	Juc	Dey	Flu	lim	m	PHYSICIAN 2	DIRECTOR   PHYSIC		14SEP	TEMBER85	
	22d. PH		NAME ITTE		U		22e ADDRESS	DADI THETON		01074		
		Ol	JULEY 'PH	HILLIPS, M	.0.		MASONIC BUILDI	NG, DARLINGTON	, MU.	21D34		
	23n BURIAL (	CREMATIO	N PEMOVA	23h DATE	73c N	JAME OF	EMETERY OR CREMATORY	73d LOCATION	70.00			

DHMH - 16 50M 4/83

DIVISION OF VITAL RECORDS, 201 W.

(VRA 15, 4)

14SEPTEMBER85 BURIAL 24. FUNERAL DIRECTOR

NAME
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

ANGEL HILL CEMETERY

21078

HAVRE de GRACE, HARFORO CO., BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Sulia Taydoon-Bondalle

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH								13		
X		CEASED NAME OR PRINT)	ANN		ANOR W	ENTZ	AST	September	23, 19		2h HOUR A
	Female					5. DATE O	th 16, 1904	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
1	Sh	enandoah, P	andoah Pa			WIDOWE		9 BALTIMORE CITY OR COUNTY OF DEATH			MD.
	Be	TY OR TOWN OF DEA		313 ับบัก	wood Aven	mess)	dr Öther institution	126 USUAL OCCUPAT HOUSEWITE		126 KIND C	OF BUSINESS OR
5	13a. S <b>Ma</b>	ryland	13h COUL Har	VTY	Bel Air		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS .	ZIP CODE VOOd Av	enue	21014
1	/	THER'S NAME FIRST Andrew		MIDDLE	Okosh		Mary	MIDDLE		Cikot	
	(1	PAS DECEASED EVER TES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECUI 208-30-36		Leonard J.Ko	addri oqut,Sr., 31		Md. 23	
A 100 S. T. L.		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediate g the last	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUE METAS R AS A CONSEQUE DIABETE	NCE OF	LMONARY FIL CANCE IEUITUS	R OF 131	AIAS		
2	CERTIFICATION	PEPTIC 190 DATE OF OPERAT	ER D	I SEASE	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERM LEASE POLICE ARE CONFORMED			A OF THY ROLD  200 AUTOPSY? YES NOW YES			
-	MEDICAL CE	210. ACCIDENT WAS UNDERLYING						COUNTY	STATE		
		220.1 certify that (1) (Ab. 1) attended the deceased from 3 1 80 , 19 , to 9 2 3 8 3 19 , sow the deceased alive an obove, (1) (ab. (ab.) (did not) view the body after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN   X DIRECTOR   PHYSICIAN							22c. DATE		
		22d. PHYSICIAN'S NA David		adrino,	M.D.		22e ADDRESS 57 Broadway,	Bel Air, M	a. 2101	.4	
	1	URIAL, CREMATION, SPECIFY) SUrial	REMOVAL	Sept. 26	23c N 5. 1985St.	Step	emetery or crematory hens Catholic	Shenando Cemetery	ah Schi	ounty Iylkil	.1 Pa.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Gulia Savidson Bondase

